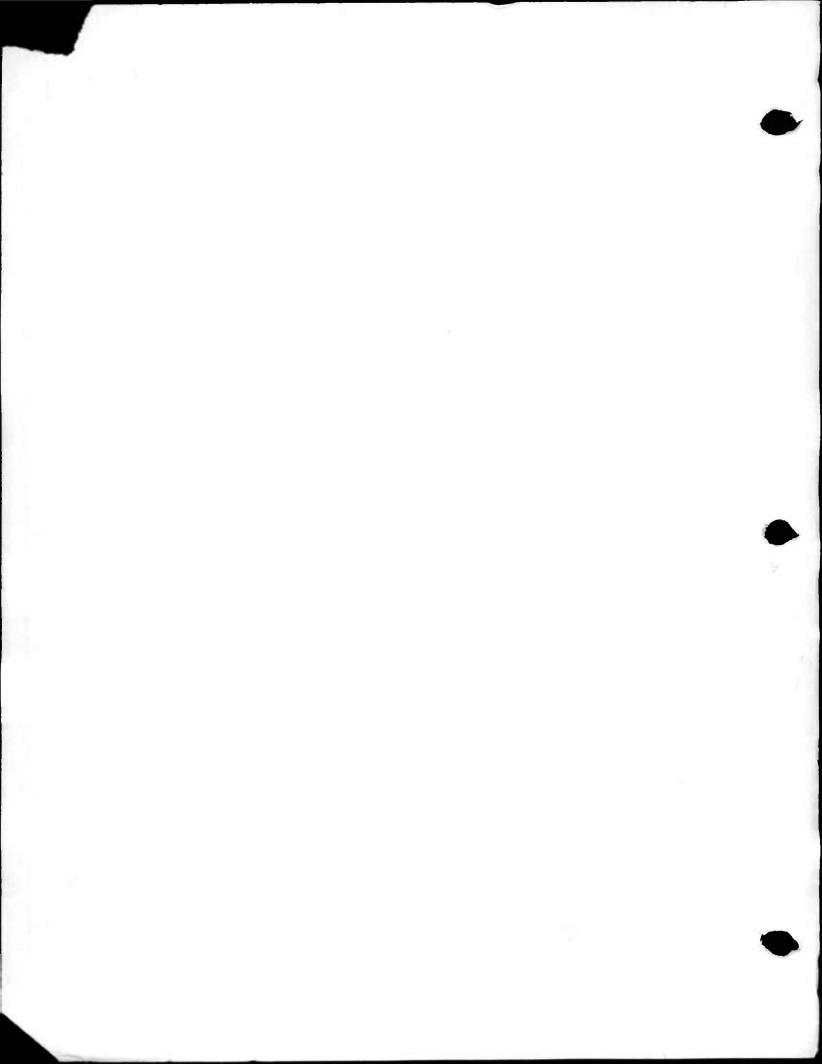
3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH YEAR Walter Jaworski October 1991 6:15 PM M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign Country) 220-07-5962 HOURS 1 X M 2 - F 74 YRS Sept. 19 1917 New York be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5723 Van Dyke Road DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5723 Van Dyke Road 21206 USA urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-MARYLAND 21215-0020 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 X Married FORCES? TY YES 2 NO If yes, specify Cuban, Maxican, Puerto R BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced Specify WW II White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 Pipe Cutter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Jaworski Catherine Grzyb BE the funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Mrs. Marie A. Jaworski 5723 Van Dyke Road Baltimore, Maryland 21206 BALTIMORE, 9 20s. METHOD OF DISPOSITION
1 | Burlal 2 | Cremetion 3 | Bemoval from Stat
4 | Donation 5 | Other (Specify) ENTONDENT 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata must DATE Loudon Park Mausoleum 10/25/91 Baltimore Maryland examiner 21. SIGNATURE OF FUNEFUL SERVICE LIK 22. NAME AND ADDRESS OF FACILITY filled in by the fon, or removal. Leonard J. Ruck, Inc. 5305 Harford Road 21214 medicai 23. PART i. Enter the disease, or complications that caused the daeth. Do not enter tha mode of dying, auch es cerdiec or respiratory arrest, ahock, or haart feliure. List only one cause on aech line. Approximate 0 **IMMEDIATE CAUSE (Final** completely filled nepelvic **Onset end Death** the disease or condition resulting in death) (ancer P.O. BOX 68750, traumatic event, DUE TO (OR AS A CONSEQUENCE OF) and com burial, CERTIFICATION Sequentially list conditions, this certificate has been signed by the attending physician at with the State Dept. of Health and Mental Hygiene prior to I riked, or item 23 shows any Injury, or other trauma DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | WE OF DEATH? 1 YES 2 AND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 TOM 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Presidence 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending BY 1 YES 2 NO After 2 Accident 28a. PLACE OF INJURY --building, atc. (Specify) At home, farm, street, factory, office 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) DIRECTOR: / COMPLETED 8 Could not be If item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. FUNERAL E 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER BE THE 29c. LICENSE NUMBER M.D 18487 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9101 Franklin Square Drive Rossville, Maryland 21237 MD 31. DATE FILED (Month, Day, Year) 2 4. H DEGRAR'S SIGNATURE DEVILOR PROPOSEDE



DIVISION OF VITAL RECORDS, P.O.	TO THE HOSPITAL OF ATTLEMED PHYCHAIR: The law requires that the death certi	signed by the attending	tealth and Mental Hygie	we any injury or oth
WITAL RE	CIANT: The law requ	Timeate has been	* State Dept. of	far Illam 23 sho
IVISION OF	OR ATTLESING PHIN	MHECUR: AND RES	ours are que with	sem 25kie Wickard
	TO THE HOSPITAL	TO THE FUNERAL (be filed within 72 h	IMPORTANT # #

	1 - FOR STATE (OF MARYLAND /	DEPARTMEN ERTIFICAT	NT OF HE	ALTH AND			29002				
	1. DECEDENT'S NAME (First, Middle, Last)	san	altin Ivo.	I 01 .	DEATH	2. DATE OF DEATH	DAY	3. TIME OF DEATH				
	4. SOCIAL SECURITY HUMBER 5. SEX 212-28-8786 1 1 M = 2	6. AGE (In yrs. les	YRS. MONTHS	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-29-2		BIRTHPLACE (State or Foreign Country)				
TOR	9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balto RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY		Bg 17	OR LOCATIO	ON			10d. INSIDE CITY LIMITS? 1 VES 2 HO				
FUNERAL	3825 Clifton Av	e		2	1216		4	N OF WHAT COUNTRY?				
B	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. AR ? 1 YES 2 N GIVE WAR OR DATES	MED 13	3. WAS DECEI If yes, spec 1 YES 2	ify Cuban, Maxic	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) ly:	es or Ho— 14	Black, White, atc. Specify: Black.				
COMPLETED	15. DECEDENT'S EDUCATIOH (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(G/	CEDENT'S USUAL (five kind of work done Do NOT use retired.	e durina most	of working	16b. KIHD OF BI	JSINESS/INDUS	0,000				
111	17. FATHER'S HAME (First, Middle, Last) Charles Johnson				16. MOTHER'S NA	AME (First, Middle, Maide BOOKe	n Surname)					
2	19a. INFORMANT'S NAME (Type/Print) Evelyn Steward		3825	Ch	tton	Route Number, City or To	on. State, Zip Ca	, Md 21216				
	20s. METHOD OF DISPOSITION 1 Meurial 2 Cremation 3 Removal from Star 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEF	te cemetery crat	matory or other place	Fore	st Vet	1028-91 Oc	DILLYS	Wills, Hd				
-	· Kaien Margadt	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wash Margart Forger 22. NAME AND ADDRESS OF FACILITY Yarch F. H. Wast 13.00 Washalk Nee										
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	JE TO (OR AS A CONSECUTION OF AS A CONSECUTION	structions of:				iretory errea	t, Approximate Interval Between Onaet and Death				
	resulting in deeth) LAST											
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Position		OTHE	ER:	CE OF DEATH (Ch							
A 1	27. MANNER OF DEATH 28s. DAT	t 2 ER/Outpatient 3 TE OF IHJURY enth, Day, Year)		28c. IHJUR WORK	Y AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED				
тер ву	2 Accident Investigation 3 Suicide S Could not be detarmined detarmined 4 Homicide S Could not be detarmined Investigation 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF IHJURY — At home, farm, street, factory, office City or Town, State)											
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be one) 2 MEDICAL EXAMINER: On the best	est of my knowledge, das a of exemination and/or in	ith occurred at the	time, data ar	nd place, and due	to the cause(a) and me time, data and place, a	nner as stated.	auso(a) and manner as stated.				
H	296. SIGNATURE AND TITLE OF CERTIFIER	20			9c. LICENSE NUI			IGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM	1 27) (Type, Print)		-J - F	Jon ait	7	gripal				
	31. DATE FILED (Month, Day, Year) OCT 24 1991	STRAR'S SIGNATURE	245	LIVE!	> (4-2)	163 piran						

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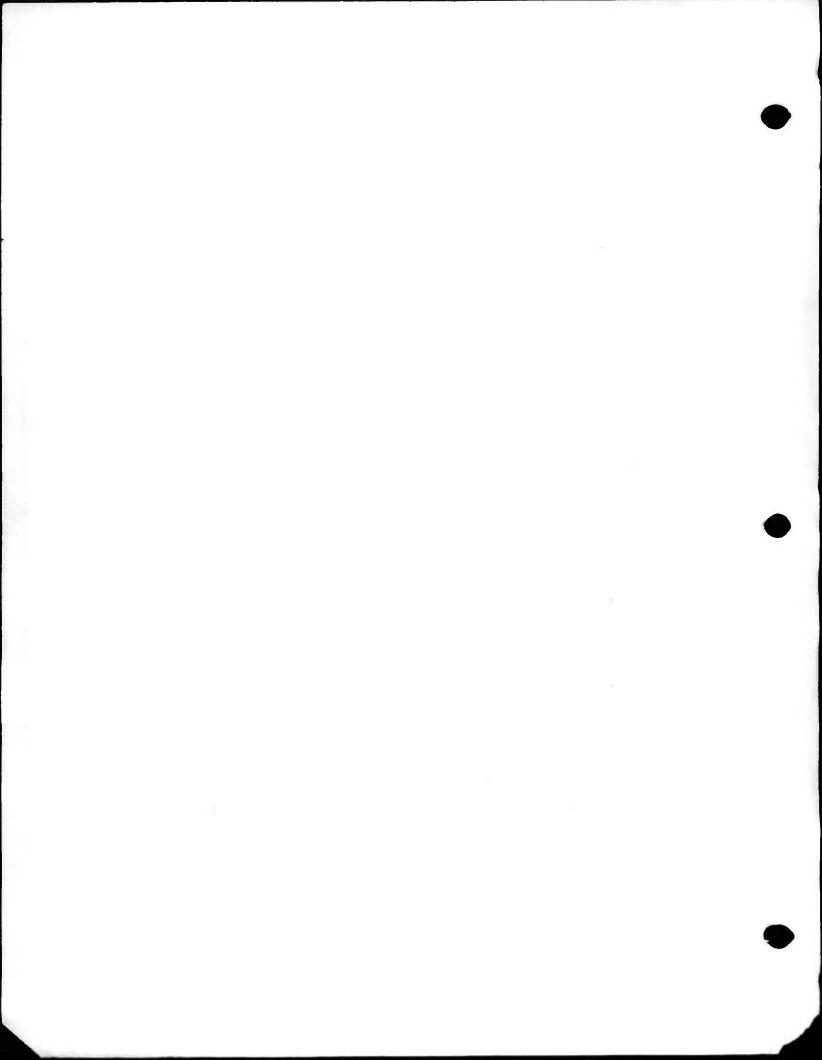
REGISTRAR

RECORDS, P.O. BOX 68760, DIVISION OF VITAL

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 12 IO 95AR DENNIS **JOHNSON** L. 3:34 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F 220-84-8967 29 4/26/1962 BALTIMORE. MD permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1509 APPLETON STREET BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1509 N. APPLETON STREET, 21217 USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 J YES 2 NO IF YES, GIVE WAN OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married BY Specify: 3 Widowed 4 Divorced 1986 BLACK use as 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) JQ. entary/Secondary (0-12) College (1-4 or 5 +) detached 12 Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 2 To RUDOLPH **JOHNSON** BE SADIE HUFFMAN n by the funeral director, page 5 should removal. notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 SADIE **JOHNSON** 1509 N. APPLETON STREET, BALTIMORE, MARYLAND 2121 9 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State 1 Buriel 2 Cremation 3 He
4 Oceanion 5 Other (Specify) DATE SILVER STAR CEMETERY 10/20/91 CONWAY, S.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BATIMORE, MD. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, medicai filled in by t Approximate ahock, or heart failure. List only one cause on each line. Interval Betw **IMMEDIATE CAUSE (Final** disease or condition **Onaet and Death** the attending physician and completely fille Mental Hygiene prior to burial, cremation, the executed within reaulting in death) . NARCOTISM event. DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 10 Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO and any been signed b COMPLETION OF CAUSE 1 YES 2 NO shows a OF DEATH? 1 YES 2 NO Dept. c PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL certificate h 26. PLACE OF DEATH (Check only one) item OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) fourth M 28c. INJURY AT WORK? this c marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ound: 10/12/91 BY 1 YES 2 NO After 2 Accident Jnknown 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) L DIRECTOR; Af 2 hours after de 1 item 28 is r 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) 8) Could not be determined COMPLETED 4 Homicide 509 Appleto St TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS be filed within 72 hours at IMPORTANT: If Item 2 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the ceuse(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, dasth occured at the time, date end place, end due to the cause(s) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CO O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DIX 111 PENN STREET, BALTIMORE, Md. 21201 0 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE Julia Tavidson-Randell

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	1 - STATE REGISTRAR	STATE		CERTIF	ICATE OF	DEATH	F	IEG. NO.	
	1. DECEDENT'S NAME (First, Middle DELORES	JOHN	NOS				2. DATE OF MONTH	DEATH DAY	YEAR 11.55 F
	4. SOCIAL SECURITY NUMBER 217-32-9986	5. SEX	₹F 80	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, Date of 19)	BIRTH	8. BIRTHPLACE (State or Foreign Country) Baltimore, Md
OB	9a. FACILITY NAME (If not institution Liberty Medi	cal Center			9b. CITY, TOWN Balti	OR LOCATION OF D	DEATH	9c. COUNT	ty of DEATH
DIRECTOR	Md.	COUNTY			TY, TOWN OR LOCA				10d. INSIDE CITY
	10a. STREET AND NUMBER	altimore	2-2-2		altimore "	of. ZIP CODE			EN OF WHAT COUNTRY?
BY FUNERAL	4859 Bowland 11. Marital Status 1 Never Married 2 Marrie 3 X Widowed 4 Divorced	12. WAS DEC	CEDENT EVER IN 17 1 YES	U.S. ARMED 2 VNO	If yes, s	CENDENT OF NISPA pecify Cuban, Maxic S 2/7 NO Spec	an, Puerto Ricar	pecify Yee or No-	S . A . 14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4		(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ost of working		D OF BUSINESS/INDU	Black
	17. FATHER'S NAME (First, Middle, I			House	e-Keeper		AME (First, Middle	Oomestic	
TO BE	19a INFORMANT'S NAME (Type/Pri Corita Gerra	int)		19b. MAILING	ADDRESS (Street		Route Number, C	e, Md.	21206
	20a. METNOD OF DISPOSITION 1	(y)	20b. P cemet	PLACE AND DATE Pery, cremetory or d Calva	of disposition (Nather place)	terv	10/ ₂₅	Baltimor	e. Md.
	Mines	roun			1206	-08 West	rown Co North	mmunity F Ave. Balt	Funeral Home
ICALION	23. PART I. Enter the decase chock, or heart for immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e, or complications of the control o	JE TO (OR AS A C	the death. Do on the line.	1206 not enter the me	-08 West	rown Co North	ommunity F Ave. Balt or reepiratory error	Funeral Home timore, Md. 212 et, Approximate Interval Betwee
MEDICAL	23. PART I. Enter the decase chock, or heart for the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	ea, or complications eliure. Liet only one e	JE TO (OR AS A C	the death. Do on the line.	1206 not enter the me	-08 West	North hes cardiec	ommunity F Ave. Balt or reepiratory error	Funeral Home
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the decase chock, or heart for resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that inlitted eventa reaulting in death) LAST PART II. Other algnificant conditions in the decay of the deca	b. Du c. Du d. HOSPITAL 1 Inpetlant 28e, PLA builtions 26e, PLA buil	TE TO (OR AS A COME TO	CONSEQUENCE OF CONSEQ	1206 not enter the mo	Grause given in Market Articles and the second articles are second	Part I. 24a. (3) d Other (Spe 28d. DESCRIB	Ommunity F Ave. Balt Dr respiratory errect WAS AN AUTOPSY PERFORMED? YES 2 NO	Tuneral Home timore, Md. 212 et, Approximate interval Betwee Onset and Det 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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D BY PHYSICIAN: MEDICAL	23. PART I. Enter the decase chock, or heart for immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the con	Ba, or complications of the contribution of th	E TO (OR AS A C	The death. Do on the line. Sproad Constituence of the constituenc	1206 not enter the mo	G Cause given in Market State of Death (Chapter State	Part I. 24a. Part I. 24a. Ock only one) 6 Other (Spe 28d. DESCRIB 281. LOCATION City or Row to the cause(s) time, date and passers	WAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number or m, State) And manner as stated. Place, and due to the college, and due to the college.	Tuneral Home timore, Md. 212 et, Approximate interval Betwee Onset and Des 24b. Were Autopsy Finding AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated.

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FOR STATE REGISTRAR

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	Quintell			Jo	hns	on				MON	LO 1	AY 3	YEAR Q1	3.15 P
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la:		IF UNDER	1 YEAR		ER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	215-18-431		1 M 2 X F	69	YRS.			HOURS		Nov	. 29,1	921	New	York, N.Y.
æ	98. FACILITY NAME (If not institution, give street and number) Memorial Hospital						96. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DE							
6	MESIDENCE OF DEC	T HO	spital			E	ast	on				Talbot		
DIRECTOR	10a. STATE	10b. COUNT			10c. CIT	Y, TOWH C								10d. INSIDE CITY
۵	Maryland		oline			Gre	ensb	oro						LIMITS?
RAI	100. STREET AND NUMBER						10	f. ZIP COI						HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS	venue	I to was people	IT EVER IN U.S. AF		_			639				.S.	
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	3 Widowed 4 Divo	rced	IF YES, GIVE Y	MIT ON DATES			I [] YES	2 X NO	Speci	fy:			Specif	White
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BE C	Alden S. W										Middle, Maiden Beatric		slev	
TO B	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS	(Street a	nd Numbe	or or Rural	Route Nun	ber. City or Tow	n, State, Zip		
۴	Eva Wilson				302	N. I	New	St.	- Do	over,	DÉ 1	9901		
	20a. METHOD OF DISPOSITI	n 3 🗌 Rem	oval from Stale	20b. PLACE / cemetery, cre	matory or o	ther place!				DAT	E 20c, LO		City or Tow	
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENSFF	Fork	Brar	ich C	eme	tery		19/	19 00	ver,	Dela	aware
	Torbert Funeral Chapel Dover.													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or positive and an extension of the complex of the caused the death.													
	shock, or he IMMEDIATE CAUSE (Fin	umit fallers.	List only one ced	se on wach lius				-				atory un	0.50,	intarvai Batween Onsat and Daath
	disease or condition	→	Car	ecuom	9 11	the	40	nuc	id	_				-5 Wen A
			DUE TO	(OR AS A CONSEC	DUENCE O	F):								1
ON	Sequantially list conditi		b. Due To	(OR AS A CONSEC	VIENOS O									
FA	if any, leading to immed cause. Enter UNDERLY	NG	302 10	for way coused	DENCE O	-):								
Ĕ	CAUSE (Disease or Injuthat initiated eventa		DUE TO	(OR AS A CONSEC	UENCE O	F):								1
CERTIFICATION	resulting in death) LAST													
١١	PART II. Other significa	nt condition	s contributing to	death but not n	eaulting i	n the un	darlying	CSUSA	given in	Part i.	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED?										AVAILABLE PRIOR TO COMPLETION DF CAUSE			
ME	OF									OF DEATH?				
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	OTHER		ACE OF E	EATH (Ch	eck only o	76)							
14S	1 YES 2 NO		1 X Inputient 2			4 🗆 Nurs	ing Home		asidence	8 🗆 Othe	r (Specify)			
	1 Natural 5 🗆 I	Pending	28a. DATE OF (Month, De		28b. TIMI INJ	E OF URY	28c. INJU	RK?	7.00	28d. DE:	SCRIBE HOW IP	JURY OCC	URED	
BY	3 Sudetde	nvestigation Could not be	28a. PLACE OF	F INJURY — At hor	ne, farm, s	treel, fecto		ES 2 [NO	281 1.00	ATION (Street a	nd Mumbar	as Donal De	
COMPLETED		letarmined	building,	etc. (Specify)						City	or Town, State)	no Number	or nural Ho	ote Number,
2	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, das	th occurr	d at the tir	ne, data	and place	, and dua	to the cer	reafe) and man	Day se etet	d	
ŏ.	one) 2 MEDIC	CAL EXAMINE	R: On the beals of ax	amination and/or is	rvestigatio	n, In my op	olnion, de	ath occu	red at the	time, dete	and place, and	due to the	n cause(a) .	and manner as stated.
BEC	290. SIGNATURE AND TITLE							_	NSE NUN					Month, Day, Year)
OL	Davida	Juli	4					d	139	187	-	> /4	0/14/	91
	30. NAME AND ADDRESS OF David H.	Smith	M D D	E OF DEATH (ITEM	27) (Type,	Print)	on+	200	500	Tdl ~	uild A.	10	East	
-				egional	UdiiC	er c	ente	٠, :	509	1016	WITU AV	е.	MD .	21601
	31. DATE FILED (Month) Day.	1001	A REGISTRAL	R'S SIGNATURE	200									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

0/ The state of the s

3. TIME OF DEATH

YEAR

FOR STATE REGISTRAR

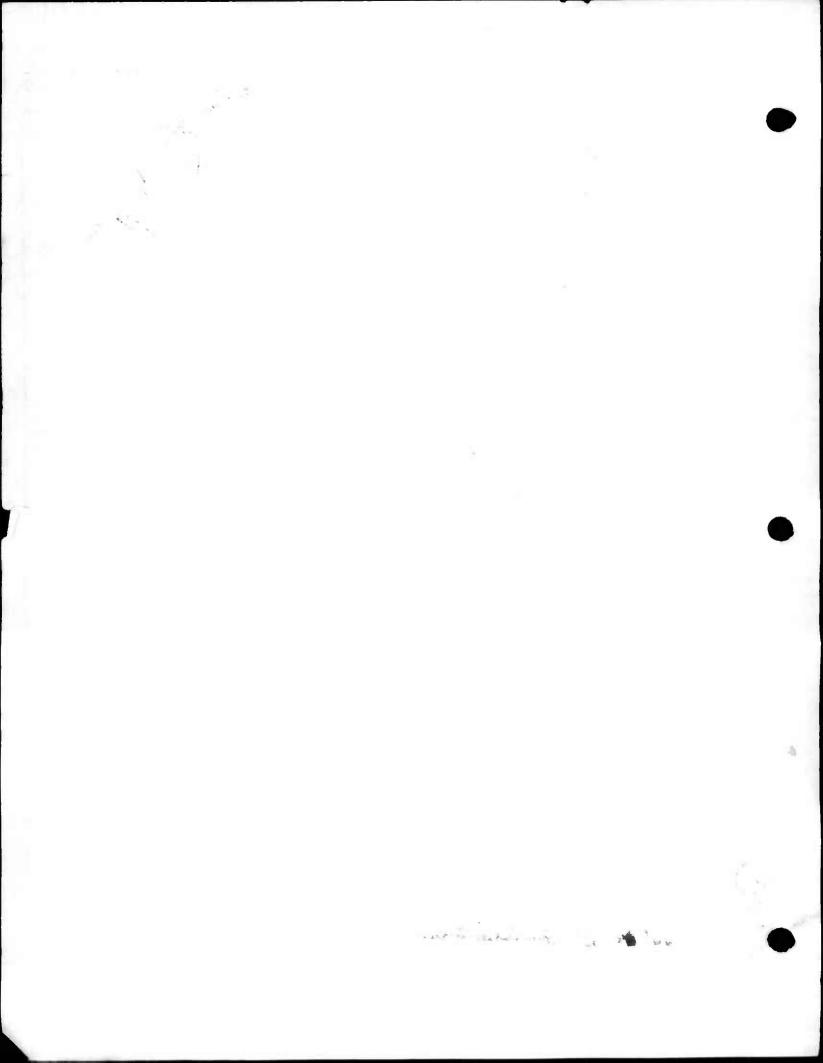
1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS,

DANIEZ JACOBSON 10 11:00 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS 218.07.9935 1 M 2 F 72 YRS. 04 18/19 MARYLAND use as the bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE RESIDENCE OF BECEDENT 10a. STATE 10h COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6908 BROOKMILL RD. 21215 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, apecify Cuban, Maxican, Puerto Rican, alc.)
1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE AIR FORCE WWII 15. DECEDENT'S EDUCATION
with anily highest grade complete COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Ď Elementary/Secondary (0-12) College (1-4 or 5+) 9 page 5 should be detached SALESMAN WHOLESALE FOOD once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) To JOSEPH JACOBSON TOBA (UNKNOWN) BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. SHELIA JACOBSON 6908 BROOKMILL RD. BALTIMORE, MD hours after death. Page 6 may be 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State Pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, Donation 5 Other (Specify) BETH" TFILOH 10/21/91 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. 507 6010 REISTERSTOWN RD. by the f BALTO., MD 21215 medical 23. PARTY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate or heart failure. List only one cause on each line. completely filled in Interval Between cremation, or IMMEDIATE CADSE (Final **Onset and Deeth** the disease or condition DRAIN HETASTASII requires that the death certificate be executed within event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): an and com DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Vakaowa Sequentially list conditione, ental Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesas or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reaulting in death) LAST the atter Injury, PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying cause given in Part I. PHYSICIAN: MEDICAL the been signed by the Dept. of Health and N m 23 shows any Inji 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Prevmonia AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 KNO t | YES 2 | NO OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h item HOSPITAL:
1 % Inpetient 2 - ER/Outpetient 3 - DOA OTHER-1 PYES 2 NO eath with the S marked, or I ng Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural М After t ΒY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, larm, street, lactory, office building, atc. (Specify) FUNERAL DIRECTOR: A within 72 hours after di 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. PORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as atteted. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) Jeweando Meus RESi de Dator 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10(19/91 2 BAITIMORE MO 21209 FERNANDO MERLA 5829. H WEITERN RUN DI A2. REDISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

2. DATE OF DEATH



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020	page may eat that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The man detection is the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	e medical examiner must be notified at once.
DIVISION OF VITAL PECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN TIME TO THE GEATH CErtificate be executed within 24	TO THE FUNERAL DIRECTOR: After this centered and the property of the attending physician and completely fill be filled within 72 hours after death with the case busined assumed Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or its 23 form my Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG NO

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH A	ND MENT	AL HYGIEI		Eroda e	, , , , ,
1. DECEDENT'S NAME (First, Middle, Last)				2. DA	TE OF DEATH			3. TIME OF DEATH
NITA E.	RANNEY			MOI	10	20	91	1:50 P
4. SOCIAL SECURITY NUMBER 212-44-0049	5. SEX 8. AGE	(In yrs. lest birthday) IF WON	UNDER 1 YEAR IF UNDER 24 THE DAYS HOURS		TE OF BIRTH path, Day, Year)	42	Countr	PLACE (State or Foreign
9e. FACILITY NAME (If not institution, give at	reet and number)	9b.	CITY, TOWN OR LOCATION	OF DEATH	00	9c. COUNT	Y OF D	EATH
University 4	Hospital		Balto					
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
104. STREET AND NUMBER	. 0 .	0	10f. ZIP CODE			10g. CITIZI	EN OF V	VHAT COUNTRY?
104 Village	of Pine 1	ourt	212	07			U.	S.A
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF If yes, specify Cuben,	HISPANIC ORIC	GIN? (Specify Vo	e or No — 1	4. RACE	- American Indian, t, While, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES /		Specify:	,,		Speci	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S USU	AL OCCUPATION	1	6b. KIND OF BU	JSINESS/INDU	STRY	91.001
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use reti	done during most of working led.)					
17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (First	I, Middle, Maide	Sumame)		
James GriMA	5		Ma	raare	+ 1	Youle	>	
190. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street end Number or	Rural Route Nu	imber, City or Tox	vn, State, Zip C	ode)	
Shety/ Grim	180	J/50/	In elowor	- 01	4 De	2140, 1	red	21208
1 Burlel 2 Cremetion 3 Remo	oval from State can	PLACEAND DATE OF DIS natery, cramatory or other p	Eldge Ce	N 102	4-9 B	ELAU.	y or to	wn, State
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS		1 4-			
Hala 7	Neich		March F	. H.W	Book	-06	1,0	
23. PART i. Enter the diseesee, or contained in the conta	. ACUTE MYS	ech line.		, such ae ce	erdiec Dr reep	iretory errec	et,	Approximate Intervel Batwean Oneet and Death
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Disease Dr Injury								
that initieted aventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other significent conditions	contributing to deeth b	ut not resulting in th	e underlying cause give	en in Part I.	24e. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
HYPOXIA					1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
ROVAL INSUFFICIO	vcy							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:		28. PLACE OF DEAT					
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Reeld		her (Specify) ESCRIBE HOW	IN ILIBY OCCIL	BEO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	YRULMI	WORK? M 1 □ YES 2 □ N				neb	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	, factory, office	281. LO	CATION (Street by or Town, State	end Number or	Rural R	oute Number,
29e, CERTIFIER							_	
(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	IAN: To the best of my knowl : On the basis of examination	edge, death occurred at n end/or investigation, in	the time, date end place, en my opinion, death occured	d due to the co	euse(e) end me te end plece, ei	nner ee ststed nd due to the o	ceuse(e)	end menner es stated.
296. SIGNATURE AND TITLE OF CERTIFIER	2		29c. LICENS					(Month, Day, Yeer)
Michael D. H.	al mo		1 40	547		10/	20/	91
M	COMPLETED CAUSE OF DE						,	
31. DATE FILED (Month, Day, Yeer)	32. REGISTRAR'S SIGN	ATURE	HOSPITAL, 2	Z S. GR	EDVE ST	BACT	mor	E,MD ZIZO
OCT 24 1991	Marian 1	HILL ST.						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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the hospital or attending physician. elatached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	O RE COMPLETED BY DUVOICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detach	THE FORESTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to milim 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hos	THE DISTRICT OF ALL ENDING PHYSICIAN. THE LAW REQUIRES THAT THE DESTRICTION OF STREET WAS A ROUTE AND THE TOTAL OF ALL FROM THE POST

	1 - FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT	OF HEAD	LTH AND	MENTA	L HYGIEN		25	8008	
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN KNACH	Hel	en Hild			OI DI	-0111	MONT	OF DEATH	W	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1		JNDER 24 HRS.	7. DATE	OF INRTH		. BIRTHPLA	2 • 15 P M	
	217123240	1 - M 2 - F	MONTHS	DAYS HO	UPIS MIN.	07 (Month	17 22		Country)	Mda			
-	9e. FACILITY NAME (If not institution, give s				9b. CITY, 1	TOWN OR LO	CATION OF D	EATH		9c. COUNT	Y OF DEAT		
Į į	CHURCH HOSPIT	TAL COR	PORATIO	ON	В	ALTI	MORE	CITY	Z				
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATION					100	1. INSIDE CITY	
	MD.				BALT	IMOR	E CIT	Y				LIMITS?	
3AL	10e. STREET AND NUMBER					101. ZIP	CODE		14	-		COUNTRY?	
FUNERAL	3703 Hudson Stre					2	21224				S.A.		
	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDEN FORCES? 1	YES 2	RMED NO	13. W	AS DECENDE yes, specify	NT OF HISPA Cuben, Mexic	NIC ORIGIN	i? (Specify Yee Rican, atc.)	or No- 1	4. RACE — Black, W	American Indian, hite, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES			YES 2 X					Specify:	White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e, DE	ECEDENT'S	USUAL OCC	CUPATION		186	KIND OF BUS	SINESS/INDU	STRY	777.000	
9	Elementary/Secondery (0-12)	College (1-4 or 5 +) life	Do NOT us	se retired.)	ring most or	working						
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)			House	work				At Hon				
BE CC	Joseph Hiley					18.			Middle, Melden	-,			
0	19e. INFORMANT'S NAME (Type/Print)						imber or Rural	Route Numi	ber, City or Town	, State, Zip C	iode)		
-	Daniel J. Knach			3703	Hudso	in Str	eet B	alto.	, Md. 2	21224			
	20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Remo	oval from Stata	20b. PLACE	AND DATE	OF DISPOSIT	ION (Name of	_	DAT	E 20c. LO	CATION — CI	ty or Town,	State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	Jacre	ed He	eart o	1 jes	us (e	n 10-	25-91	Dunda	Oundalk, Md.		
	► Charle &	, Bul	er		Ch	arles	S.Ze	iler	& Son	Inc.	901 S	ling St.	
	23. PART I. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau	se on aach line		not anter th	ha moda o	f dying, suc	ch as card	liac or reapi	ratory arres	st,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions,	DIAC	ETES	TYS MELLITUS AS A CONSEQUENCE OF:					725			TRS	
CAT	if any, leading to immediate cause. Enter UNDERLYING		177FM TENS UN									411	
Ē	CAUSE (Disease or injury that initiated events	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):							1703			
E	resulting in death) LAST	ANT	MIUSL	LER	DIC CONDIOUSSULOR DISEBUTY						Tes		
MEDICAL C	PART II. Other eignificant condition	a contributing to	buting to death but not resulting in the undariying cause given in Per							RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO			
PHYSICIAN:	NE WAS GAST DEPENDENT												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	and where		OTHER:	26. PLACE	OF DEATH (Ch	eck only on	•)				
HYS	1 YES 2 NO	28e. DATE OF		DOA 26b, TIM	4 - Nursin		Residence						
	1 Natural 5 Pending	(Month, Da	ly, Year)	INJ	URY	8c. INJURY A WORK? 1 YES		26d. DES	CRIBE HOW IN	JURY OCCU	RED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	INJURY — At ho	me, ferm, a				281. LOC	ATION (Street o	nd Number or	Burel Boute	Number		
	4 Homicide determined	bullding,	itc. (Specify)					City	or Town, State)				
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated.												
ш	296. SIGNAPURE AND TITLE OF CENTIFIER		Ma	10			LICENSE NUI		,,			nth, Day, Year)	
0 8	IVVVVVIIM	1/1/1	18/1/1/			1)121.	35		116	116/	91	
-	20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITES	н тл (Туре,	Print)	CHUR	СН НО	SPTI	'AL CO	RPOR	AT TO	N	
		SCOTT N		10	0 N.	BROZ	ADWAY	BA	LTIMO	RE.	MARY	LAND	
	31. DATE FILED (MOOTH, Day, Year) OCT 24 1991 January 100 N. BROADWAY BALTIMORE, MARYLAND 21231												

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speed by the stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or hearth and Memai Hygiene prior to burial, cremation, or removal.

STATE OF	MARYLAND	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

_		FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF	HEALTH AND	MENTAL HYGII		
	1000	J. DECEDENT'S NAME (First, Middle, Last)	ANNIE E. KNEI	SLEY			2. DATE OF DEATH OCTOBER		EAR 14 45 M
		4. SOCIAL SECURITY NUMBER 213-74-0696	5. SEX 6. AGF (In yrs. la 1 M 2 1 97	YRS. IF UN	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Whar AUG. 17,	. 0.	BIRTNPLACE (State or Foreign MARYLAND
	DIMECTOR	ST. AGNES	,	9b. (BALT	DR LOCATION OF D		9c. COUNT	and the same and t
- }	i C	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCA	TION			10d. INSIDE CITY
1	5	MARYLAND BA	ALTIMORE		WOODI	AWN			LIMITS?
13	AL	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
[LUNEHAL	1920 OAK DRIVE				2120	07	U.S.	
2	6	11. MARITAL STATUS 1 Naver Married 2 Married 3 XXVIdowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic SXX NO Spec	ANIC ORIGIN? (Specify can, Puarto Rican, atc.) ify:	Yas or No- 14	. RACE — American Indian, Black, White, alc. Specify: WHITE
		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 2	completed) (6	ECEDENT'S USUAL Give kind of work do le. Do NOT use retire	ne durina m	ON ost of working		BUSINESS/INDUS	
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maid	OVERNME	'IN T
7	u	WILLIAM HAMMOND					RAH PATTON		
	2	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADDR	ESS (Street		Aoute Number, City or 1		de)
be no	-	MARY FRANCE (NIE	CE)				BALTIMORE,		
must		20a, NETNOD OF DISPOSITION 1 À Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State 20b. PLACE	AND DATE OF DISE	POSITION (N	ame of	DATE 20c.	LOCATION — City	
examiner	ĺ	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME A	ND ADDRESS OF E	100 1774		FUNERAL HOMES
		23. PART I. Enter the disease, proceedings of the second s	ske for		1630	EDMONDSO	N AVENUE.	CATONSV	TLLE. MD. 21228
ry, or other traumatic event, the medical		immediate cause (Final disease or condition recuiting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	DUE TO (OR AS A CONSE	COUENCE OF):	la c	tion	3		Intervel Between Onset and Death
amy inju	3	PART II. Other eignificant conditions	contributing to death but not	resulting In the	underlyin	g ceuse given in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
S shows a									OF DEATN? 1 YES 2 NO
PHYSICIAN:			HOSPITAL:	ОТН		LACE OF DEATN (C	heck only one)		
3 ×			1 ☑ Inpatiant 2 ☐ ER/Outpatiant 3	DOA 4 D	lursing Non		8 Other (Specify)		
看	- 10	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY		PRK?	28d. DESCRIBE NOV	INJURY OCCUR	ED
is marke	- 10	2 Accident Investigation 3 Suicide: a Cauld and ba	28e. PLACE OF INJURY — At he			YES 2 NO	281. LOCATION (Street	at and thomber or i	N-/ 2
m 28 ETF		4 Homicide datarmined	building, atc. (Specify)		,,		City or Town, Stat	te)	runiii rioute numoer,
ANT: If its		29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IAN: To the best of my knowledge, de : On the basis of examination and/or	eath occurred at the Investigation, in m	e time, data y opinion, d	and place, and due lasth occured at the	to the cause(a) and m	anner as stated.	use(a) and manner as stated.
O BE COM		296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
F		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	2	<u>. </u>			
		31. DATE FIRED (MODID, Day, Year) 001.24 1991	32 REGISTRAR'S SIGNATURE	w					



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The south	etely filled in by the funeral direct	removal.	cal exar	
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	tending physician and complete	the prior	her trau	l
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	RECTOR: A	within 72 hours after death w	PORTANT: If Item 28 Is marke	
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1		30	100	1

OS153772-1250 KAPLAN JULIA R

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	1 - FOR STATE OF MARY REGISTRAR	LAND / DEPAR	RTMENT OF	HEALTH ANI		YGIENE EG. NO.	2-9-010-	1
1100000	1. DECEDENT'S NAME (First, Middle, Last) Laplan Jule 4. SOCIAL SECURITY MIMBER 4. SOCIAL SECURITY M	in (JUI	LIA R. K	APLAN)	2. DATE OF D MONTH	EATH DAY	YEAR 9 16 40	м
	215 05 6915 10M2 AF	E (In yrs. lest birthday) 85 YRS.	MONTHS DAYS	IF UNDER 24 HR	(Month, Day,		BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL RESIDENCE OF DECEDENT		9b. CITY, TOWN	BALTIM		9c. COU	NTY OF DEATH	
DIRECTOR	10a. STATE MARYLAND 10b. COUNTY BALTIMORE	10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	3809 CLARKS LA., APT. 103		10	or, ZIP CODE 2121	5	18g. CITI	IZEN OF WHAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR (I	S 2 XNO	It yes, s	CENDENT OF HIS pecify Cuben, Mer S 2 NO Spo	PANIC ORIGIN? (Sp clean, Puerto Ricen, ecify:	ecify Yea or No atc.)	14. RACE — American Indian, Black, Whita, atc. Specity: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)					OF BUSINESS/INC		
	12 17. FATHER'S NAME (First, Middle, Last) MAY CADLON	DOWER	PER		NAME (First, Middle, BESSIE D	Maiden Surname)		_
TO BE	MAX CAPLON 19a. INFORMANT'S NAME (Specifical) LOUIS KAPLAN	19b. MAILING	ADDRESS (Stroot	and Number or Ru	ral Route Number, Cit		Code)	
	30s. METHOD OF DISPOSITION 20	Db. PLACE AND DATE	OF DISPOSITION (N	ame of		20c. LOCATION —	City or Town, State	
	21. SIGNATURE OF PSINERAL SERVICE LIDENSIES		22. NAME A	ND ADORESS OF LEVINS	ON & BRO	S., INC.	•	
	23. PART I. Enter the diseases, or complicatione that cause shock, or heart failure. List only one cause on immediate CAUSE (Finel disease or condition resulting in death)	. Sul) mad	1)	7	Interval Between	
NOI	Sequentielly list conditions, b.	A CONSEQUENCE OF	ie 117	ra Cra	~ il	now laye	7	
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF	lan e	Jean	4-			
- 11	PART II. Other significant conditions contributing to deeth		In the underlyin			WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL	1 YES 2 NO OF DEATHY 1 YES 2							
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ipatiant 3 🗆 DOA	OTHER:	LACE OF DEATH (Check only one)	14.1		_
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIM	IE OF 26c. INJ	URY AT DRK? YES 2 NO	1	HOW INJURY OCC	CURED	
	3 Suicide 6 Could not be 4 Homicide detarmined 28a. PLACE OF INJURY building, atc. (Spe	Y — Al home, farm, a	street, factory, offic		28f. LOCATION City or Town	(Street and Number n, State)	or Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my know one) 2 MEDICAL EXAMINER: On the basis of examination	viedge, death occurre	ed at the time, data	and place, and d	us to the cause(s) the time, data and p	and manner as state	ed.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER Adam	c M	D	29c. LICENSE N			E SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	Sp , Tol	Print)	Bal	小 .		.0/////	
	31. DATE FILED (Month, Dey, Year) OCT 24 1991 July Durker	HATURE MODELL						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 A DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 IVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 5. SEX 1. SEX 2. AGE by 15 land 17 land 1 l							
216-34-9362 1							
S. NASCLITY NAME (if nor embloos, give sheet and number) S. NATE S. NATE S. NATE S. NO. COUNTY S. NATE S. COUNTY OF DEATH S. COUNTY S. NATE S. NAT	TAIL .						
190. STREE NAME 100. COUNTY MARYLAND 100. STREET AND NUMBER 1190 W. NORTHERN PARKWAY, APT. 408 11 MARYLAND 11 MARYLAND 12 WAS DECEMBER OF THE NULL ANABOD FORCES? 1 VES 2 ANABOD FORCES? 1 VES 2 NAME AND ADDRESS (Street and Number or Paul Plance, Middle, Maidlen Surname) 12 Mas DIAL TIMORE 12 WAS DECEMBER OF HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and 1 Ves a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and 1 Ves a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and 1 Ves a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and 1 Ves a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and 1 Ves a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and 1 Ves a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and Vas a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and Vas a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and Vas a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and Vas a post Content of HISPANC ORIGIN? (Specify Vas or No. 14. RACE — American Black, White, and Vas a post Content of HISPANC ORIGIN Black, White and Vas a post Content of HISPANC ORIGIN Black, White, and Vas a post Content of HISPANC ORIGIN Black, White and Vas a post Content of HISPANC ORIGIN Black, White and Vas a post Content of HISPANC ORIGIN Black, White American Black, White and Vas a post Content or HISPANC ORIGIN Black, White and Vas a post Content or HISPANC ORIGIN Black, White and Vas a post Content or HISPANC ORIGIN Black Black, White American Black Black Black, White American Black Blac							
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11. Mark Married 2 Married 1 Married 2 Married 2 Married 1 Naver Married Naver Marri	RY?						
I Never Married 2 Barried FORCES? 1 YES NO If yes, specify: I Yes No Northern							
15. DECEDENT'S EDUCATION 150. COLORD (PM) Philipped grade completed) 150. DECEDENT'S USUAL OCCUPATION ((like sind of work clored during most of working) 150. DECEDENT'S USUAL OCCUPATION ((like sind of work clored during most of working) 150. MOT use minind.)							
T7. FATHER'S NAME (Pirst, Middle, Lear) JOSEPH SCHIFFER 196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Rural, State, Zip Code) 197. FATHER'S NAME (Pirst, Middle, Lear) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rural, State, Zip Code) 200. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or of their place) 21. SIGNATURE of FUNERAL SERVICE LICENSEE 22. PART I. SignATURE of FUNERAL SERVICE LICENSEE 22. PART I. SignATURE or FUNERAL SERVICE LICENSEE 23. PART I. SignATURE (Pinel displaces or conditions, If any, beeding to immediate ceuts are contacted events are contacted events resulting in death) 25. VAS CASE REFERRED TO MEDICAL EXAMPLER TO MEDICAL EXAMPLER PORTION (Disposition) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. VAS CASE REFERRED TO MEDICAL EXAMPLER TO MEDICAL EXAMPLER PORTION (Disposition) 28. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 29. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 20. PLACE OF DEATH (Check only one) 21. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 22. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 25. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 28. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 29. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 20. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 20. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 20. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 20. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 20. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (Disposition) 21. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (DIsposition) 22. VAS CASE REFERRED TO MEDICAL EXAMPLER TO CONTACT (DISPOSITE TO CONTACT (DISPOSITE TO CONTACT (DISPOSITE TO CONTACT (DISPOSITE TO CONTA	IE						
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196. INFORMANT'S NAME (!/por/Print) 196. MAILING ADDRESS (Street and Number or Pural Pouts Number, City or Town, State, Zip Code) 230. SOTTH RD. RAILTTMORE, MD 21209 230. BETH OD OF DISPOSITION (Name of command, command of command, comm							
196. INFORMANT'S NAME (TypePrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 230. SOLTTH RD. BAILTTMORE, MD 21 209. 246. METHOD OF DISPOSITION (Name of Comments) and Part (1) Burlat (2) Cremation 3 Removet from State 20b. PLACE AND DATE OF DISPOSITION (Name of Comments, crematory or other (Specify) BAILTTMORE, MD BAI							
Sequentially list conditions resulting in death) ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 22s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO Comment of the place of the plac							
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTYMN RD. RAI, TO. MD. 21. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approintering in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Pinel disease or Injury that Initiated events reculting in death) DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPS PERFORMED? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 25c. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DOTHER: 4 Numbing Home 5 Residence 6 Other (Specify)							
22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 RETSTERSTOWN RD BALTO MD 21. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Intervious intervious contribution on cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE							
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29s. CERTIFIER (Check on a manner as stated. 29s. CERTIFIER (Check on a manner as stated. 2 mEDICAL EXAM ER: On the basis of examination and/or investigation, in my opinton, death occurred at the time, data and piace, and dua to the cause(e) and manner as stated.	PRIOR TO N DF CAUSE 2 NO						
29b NOW AND THE STORY OF THE ST	PRIOR TO N DF CAUSE 2 MO						
INTERN. >10/32/0	PRIOR TO N DF CAUSE 2 NO NO PRIOR TO NO NO PRIOR TO NO NO PRIOR TO NO PRIOR T						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1906, Pajnt) ADEGRITE MOHAMMED, SINAT HOSPITAL BALTIMO 31. DATE FILED (Month, Pay, 16ar) 32. REGISTRAR'S SIGNATURE	PRIOR TO N OF CAUSE 2 NO NO PRIOR TO NO NO PRIOR TO NO NO PRIOR TO NO PRIOR T						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	
THE OT	TO THE	pe filed	IMPOR	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATI	E OF	DEATH	2. DATE OF	REG. NO.	3	TIME OF DEATH
9	Edward A. Lan	ghans						Oct.2	22, 1991	YEAR	7 PM
V	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	,,	IF UNDER	DAYS	IF UNDER 24 HRS.	T DATE OF	DIPTH	8. BIRTHPL	ACE (State or Foreign
1	213-03-8027 9e. FACILITY NAME (If not Institution, give at	1 XM 2 □ F	81	YRS.			43.00	(Month, D. Mar.		Md.	
2	Manor Care Ro	ssville			96. CITY	ROSS	Ville	DEATN	9c. cou Ba	Itimo:	re
18	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN					10	od, INSIDE CITY
	Md.			В	alti					1	XYES 2 NO
FUNERAL		Augnus				101	ZIP CODE				T COUNTRY?
l s	3701 Hamilton	12. WAS DECEDEN	T EVER IN U.S.	ARMED	1 12	WAS DEC	21206	NIC ORIGINA CO	pecify Yes or No	SA	
	1XXNever Married 2 Married	FORCES? 1	YES 2 V	NO		If yes, sp	ecify Cuben, Mexic	cen, Puerto Rica	n, etc.)	14. RACE — Black, W	American Indian, /hite, etc.
D BY	3 Widowed 4 Divorced						- Milo obec	ary.		White	3
1 🗒	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. (Give kind of a	USUAL O	CCUPATIO during mo	ON st of working	16b. KIP	D OF BUSINESS/INC	USTRY	
1 2	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)	Mach							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Mach	11112	L	18. MOTNER'S N	AME (First Midd	e, Meiden Surneme)		
ш	Joseph Langha	ns					The state of the s	rtha La			
10 B	19e. INFORMANT'S NAME (Type/Print)		1	96. MAILINO	ADDRESS	(Street e	nd Number or Rura	Route Number, (City of Town, State, Zip	Code)	
-	Mr. John J. Hirsch			101 Hi	rsch l	_ane	Passade	ena, Mary	land 21122		
	20s. METNOD OF DISPOSITION 1 Description 2 Cremation 3 Remo	val from State	20b. PLAC	EAND DATE O	OF DISPOS	ITION (Na		DATE	20c. LOCATION —		
	4 Donation 5 Other (Specify)	ENSEE A	HOI	y Red			10/25/		Baltimo	re, Mo	1.
	· m//.01	1.1					D ADDRESS OF F		. 5305 Ha	wfowd D	H 21211
	Michael	uck									u. 21214
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one ceuse on each line. Approximate interval Batween										
	iMMEDIATE CAUSE (Final disease or condition	MAG	1011	nt	11	1	136	101	150		Onset and Daeth
	resulting in death)	DUE TO	OR AS A CONS	EQUENCE OF	n:	-/	126	100	90		
z		7			,						
CERTIFICATION	Sequantially list conditions, if eny, leading to immediata	DUE TO	OR AS A CONSI	EOUENCE OF	7):						
2	CAUSE (Disease or injury										
Ē	that initiated eventa reaulting in daeth) LAST	DOE 10	OR AS A CONSI	EOUENCE OF	7):						
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¥	PART ii. Other significent conditions	contributing to	death but not	rasuiting	9 the un	darlying	cause given in	Part i. 24s	WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS
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SIC	EXAMINER?	HOSPITAL:	ER/Outpetlant	2 🗆 004	ОТНЕЯ	1:	ACE OF DEATH (C				
>	27, MANNER OF DEATH	28s, DATE OF	INJURY	26b. TIME	E OF	28c. INJU	5 🗆 Residence		BE NOW INJURY OCC	TIPED	
F	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	INJ	M	WOE 1 🔲 Y				- CILLO	
	3 Suicide 28s. PLACE OF INJURY — Al home form street lectory office							281, LOCATIO	N (Street end Number	or Rural Route	Number,
B≺	B Could not be determined building, etc. (Specify)						TIL STREET				
B≺	4 Nomicide determined	building, o							, , , ,		
B≺	4 Nomicide determined 29e. CERTIFIER (Check only	IAN: To the best of	my knowledge, d	eath occurre	d at the Ili	me, date	end place, end du	o to the cause(e	and menner se etete	ıd.	
	4 Nomicide determined	IAN: To the best of ax	my knowledge, d	eath occurre	d at the li	me, date	end place, end du	o to the cause(e	and menner se etete	ed. • ceuse(•) enc	d menner es stated.

PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Cesar G. Gamboa MD 8731 Belair Road Baltimore, Md.
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

	- 1

DIVISION OF VIT

CIAN: MEDICAL CERTIFIC	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC
im 23 flows any injury, or other	IMPORTANT: If item 28 is marked, or tem 23 flows any injury, or other
defend of Health and Mental Hygiene p	be filed within 72 hours after death with the Sta
President by the attending physical	TO THE FUNERAL DIRECTOR: After this conficulty programmed by the attending physical
The law injuries that the death certificate	TO THE HOSPITAL OR ATTENDING PHYSICAL TIME IN TAKES THE GEATH CERTIFICAL
	•

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE

OKUN.

M.D./203

MARC

DR.

31. DATE FILED (Month, Day,

	FOR 1 - STATE REGISTRAR	STATE OF A	MARYLAND	/ DEPAF	TMENT OF	HEALTH AND	MENTAL HYGIE	NE 9		29013
	1. DECEDENT'S NAME (First, Middle, Last)	ORDON			YONS	F DEATH	2. DATE OF OEATH		YEAR	3. TIME OF DEATH 7:26 PM
	4. SOCIAL SECURITY NUMBER 223-28-2148	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs.	iest birthday) YRS.	IF UNDER 1 YEAR	HOURS MIN.	(Month, Day, Year) 4-7 25		Countr	IPLACE (State or Foreign Y) GINIA
TOR	9a. FACILITY NAME (If not institution, give st NORTH ARUNDEL HO RESIDENCE OF DECEDENT		SSOCIAT	CION		BURNIE	DEATH	9c. COUN		COUNTY
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE	ARUNDEL			Y, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7916 EAST PARK D			T GE	JA BORN	101. ZIP CODE 21061		U.S.		VHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. / X YES 2 AR OR DATES	ARMED NO	II yes,	ECENDENT OF HISP specify Cuben, Maxi ES 2 ANO Spec	ANIC ORIGIN? (Specify 1 can, Puerto Rican, atc.)		14. RACE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of v ile. Do NOT us		TION most of working	16b. KIND OF B	USINESS/INDU	STRY	WHITE
E COMF	8th N 17. FATHER'S NAME (First, Middle, Last) JOHN JORDON LYONS	ONE	I IN	NSPECT	OR		WESTING NAME (First, Middle, Maide AVERTA HOT	on Surname)	ET D	
TO B	The INCOMANTS NAME GROOM							Code)	.1	
	20s. METHOD OF DISPOSITION 1A Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other piece) GLEN HAVEN MEMORIAL PARK 10-25 GLEN BURNIE, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICE	jebei	6		SING 1 S	AND ADDRESS OF I GLETON FU ECOND AVE	FACILITY JNERAL HOMI E. S.W. GLI	E EN BUI	RNTF	, MD 21061
	23. PAPA Effect the diseases, or conshock, or heert feiture. Limited in the constant of the co	iet only one cau	se on each lif	10.	ot enter the r	hycare	ich aa cardiec or res	piratory erre	st,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO		EQUENCE OF	poth	-				
MEDICAL	PART II. Other significent conditions	contributing to	deeth but not	resulting i	n the underly	ng ceuse given i		PRMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	HOSPITAL:	FR/Outpatient	3 🗆 004	OTHER:	PLACE OF DEATH (C				
BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	NJURY	28b. TIMI	OF 28c. I	NJURY AT YORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
ETED	3 Suicida 6 Could not be determined	26a. PLACE OF building, a	INJURY — At h	iome, farm, s	treet, factory, of	ice	281. LOCATION (Street City or Town, State	and Number or	Rural Re	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of r	my knowledge, d	leath occurre	d at the time, da	ta and place, and du	a to the ceuse(a) and mo	anner es atated	cause(s)	and manner as stated.
SE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0		A		29c. LICENSE NU				(Month, Day, Year)

DEATH (ITEM 27) (Type, Print)

HOSPITAL

32. REGISTRAR'S SIGNATURE
1991 Julie

DRIVE/GLEN

BURNIE, MD. 21061

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

6:25 P M

2. DATE OF CEATH

7. DATE OF BIRTH (Month, Day, Year,

10-16-1991

1 -

1. DECEDENT'S NAME (First, Middle, Last)

FSTHER

4. SOCIAL SECURITY NUMBER

AVARON

5. SEX

	ø
P.O. BOX 13146,	
BOX	
P. O.	
- RECORDS,	
OF VITAL	
DIVISION	

MONTHS DAYS HOURS 3-16-1907 577 20 5608 84 Massachussets use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Rockville Montgomery County 6121 Montrose Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Rockville Maryland Montgomery County 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 20852 USA Montrose Road the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВҰ Specify: no no 3 Widowed 4 Divorced White 16a. OECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at after death. Page 6 may be retained by ABRAHAM MITTELL ROSE THURMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs Perry 101 Overlook Drive, Charlottsville, VA 22901 Friend pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Btata must Burial 2 Cremation 3 Removat from State funeral director, 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROnald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD Wal 10-17-91 655 W. Baltimore St, Balto.,MD 21201 n by the fi medicai 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. in by Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final traumatic event, the cremation, disease Dr condition PARKINSONS DISEASE
DUE TO (OR AS A CONSEQUENCE OF): completely reaulting in death) burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING physician other t CAUSE (Diseese or injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in deeth) LAST 6 the atten Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any DEMENTIA. 1 TYES 2 NO 1 TYES 2 TNO certificate has been in the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 - Residence 6 - Other (Specify) the ò 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, With this 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the bours after death of item 28 is mar BY 2 Accident PITAL DR ATTENDING 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end menner as stated. FUNERAL Mithin 72 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296 AIGNATURE AND THELE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Olune S. Madarang, MA
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D39166 10/16/9 ALVIN S. MADARANG, M.O. 6121 MONTROSE RD; ROCKVILLE, MD 20852 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 24 Julia Davidson-Randell 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

MIN

ROSALIND

8. AGE (In yrs. last birthday)

P.O. BO	out or ifficate be	man physicia	Hydrine prior	or other trau
DIVISION OF VII WHECOME P.O. BO.		J	Heart and the trainingine prior	IMPORTANT: If item 28 is marked, or item 23 shows an item, or other trau
S.	The law requi	in has been a	the Dept. of H	im 23 show
2	PHYSICIAIN	this certifical	with the Sta	rked, or Ill
NISION	TO THE HOSPITAL OR ATTENDING PHYSICIAIN THE LOW INQUITING THE	TO THE FUNERAL DIRECTOR: After this certificate has been suggested	be filed within 72 hours after death with the State Dept. of #	em 28 is ma
2	HOSPITAL D	FUNERAL DI	within 72 ha	RTANT: If He
	HT OT	THE CT	be filed	IMPO

_	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	MENT OF HEA	ALTH AND	MENTAL HYGI			
	1. OECEDENT'S NAME (First, Middle, Last) Vernet	(VERNETHA) ta	Mora			2. DATE OF OEATH	DAY	YEAR STIME OF DEATH	
		5. SEX 6. AGE (in yrs. 1		B. BIRTHPLACE (State or Foreign Country) MD					
DIRECTOR	Maryland General	Maryland General Hospital Baltimore City							
	10a. STATE 10b. COUNTY		BALT			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	1700 MADISON A	VE.	ADMEN	2.1	217			U.S.A.	
B≼	1 XX Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 X	NO	If yes, specif	y Cuben, Maxica X NO Specif	NIC ORIGIN? (Specify an, Puarto Rican, atc.) y:	Yea or No 1	4. RACE — American Indian, Black, White, atc. Specify: BLACK	
COMPLETED	11TH		Give kind of work the Do NOT use ref	JAL OCCUPATION done during most of lired.)	f working	16b. KIND OF	BUSINESS/INDU	STRY	
BE CO	17. FATHER'S NAME (First, Middle, Lest) EUGENE MORANT 19a. INFORMANT'S NAME (Type/Print)				ROSALE	ME (First, Middle, Meid E HAYES			
2	ROSALEE HAYES		1828 M	AULSBY	CT./B	ALTIMOR	E, MD	21237	
	1 N Burlef 2 Cremetion 3 Removing 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	cemetery, c	remetory or other o	EMORIAI 22. NAME AND	GARD	ENS B	ALTIMO	DRE, MD NORTH AVE.	
CERTIFICATION	23. PART I. Enter the desess, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) Due to (or as a consequence of): Approximate interval Batween Onset and Death Due to (or as a consequence of): Acquired Immune Deficiency Syndrome Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):								
MEDICAL	PART ii. Other algolificant conditions of	ontributing to death but not	raaulting in th	e underlying ca	use given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	1 YES ZX NO 1	OSPITAL:		HER:	OF DEATH (Che	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		AT 2 NO	28d. OESCRIBE HOW	/ INJURY OCCUR	RED	
ETED.	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Routa Number, City or Town, State)								
COMPLET	2 MEOICAL EXAMINER:	N: To the best of my knowledge, don the bests of exemination and/or	leath occurred at	the time, data and my opinion, death	place, end dua occured at the	to the cause(s) and m fime, data end place,	enner ea stated.	euse(s) end manner es stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	- E. Rif	kahi	MD	E. LICENSE NUM	BER a	29d. DATE S	1922/9/	
	Elias Rifkah, N	1.D.			land G	eneral Ho	spital		
	OCT 24 1991	32. REGISTRAR'S SIGNATURE	MR.						

(0)

	1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH	1412.411	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last RALPH	JUDSOI		UNRC				ober 23,		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 120-07-0579	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. lest I	MONTHS DAYS HOURS MIN.			(Mo	ATE OF BIRTH (Count Mass) 11, 4,1916 Mass			
TOR	98. FACILITY NAME (If not institution, give 7512 Harford RC RESIDENCE OF DECEDENT				96. CITY, TOWN Baltim	OP LOCATION OF I	DEATH		9c. COU	YTY OF D	EATH
IREC	10a. STATE 10b. COUN	ry			Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
_	Maryland 100. STREET AND NUMBER			Do	ltimore	CITY of ZIP CODE					1 X YES 2 NO
FUNERAL DIRECTOR	7512 Harford Rd.					21234			U	S.A	• COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 NO	(ED	If yes, s	CENDENT OF HISP pecify Cuban, Maxie S 2 X NO Spec	can, Puert	BIN? (Specify Yes o Ricen, etc.)	or No-	14. RACE Black Specif	— American Indian, t, White, etc.
	15. DECEDENT'S ED		16e DEC	EDENT'S	USUAL OCCUPAT	ON	Ti	6b. KIND OF BU	PINESS (IND	HETEV	White
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12) 12 Vr ^t S	College (1-4 or 5+)	(Give	kind of a	work done during m se retired.)			Travel			
ŏ O	17. FATHER'S NAME (First, Middle, Lest)			0410		18. MOTHER'S N		, Middle, Meiden	_	C y	
	Ralph J. Munr	oe.Sr.				Lesli			Somethey		
BE.	19a. INFORMANT'S NAME (Type/Print)	30,0.	19b.	MAILING	ADDRESS (Street	and Number or Rura			n, State, Zip	Code)	
2	Mrs. Eleanore M.	Munroe			as #10						
	20s. METHOD OF DISPOSITION 1 Burisl 2 X Cremation 3 Re		20b. PLACE AN	ID DATE	OF DISPOSITION //	ame of	DA	TE 20c. LO	CATION —	Cify or To	wn, State
	4 Donellon 5 Other (Specify)	noval from State	cemetery, crem	llto	ther place) D Servi	ces 10	/24/	91 TOV	vson.	Mar	vland
	Hilltop Services 10/24/91 Towson, Maryland Hilltop Services 10/24/91 Towson, Maryland Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214										
	+ toul & t	bit-1	2			nard J.	Duck				
_	23. PART I. Enter the diseases, or	complications that	forward the deat	th Do r							
	anock, or heert feiture. Liet only one cause on each line.									Approximata Interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i						Part i.	i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	Т				1 100 00 0000		1			
[일	EXAMINER?	HOSPITAL:]	OTHER:	LACE OF DEATH (C					
ا ځ	27. MANNER OF DEATH	1 Inpatient 2				ne 5 Residence	_				
ВУ Р	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO						26d. D	6d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide datermined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify)									
COMPLET	298. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of m									and manner as stated.
	296, SIGNATURE AND TITLE OF CENTIFIE					29c. LICENSE NU					
TO BE	Wai h	Hel				DLU		1		o/2	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W Davis Hahn MD	5601 Loch Ra	e of Death (ITEM :	Balt	imore, Md	. 21239				/	7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE								

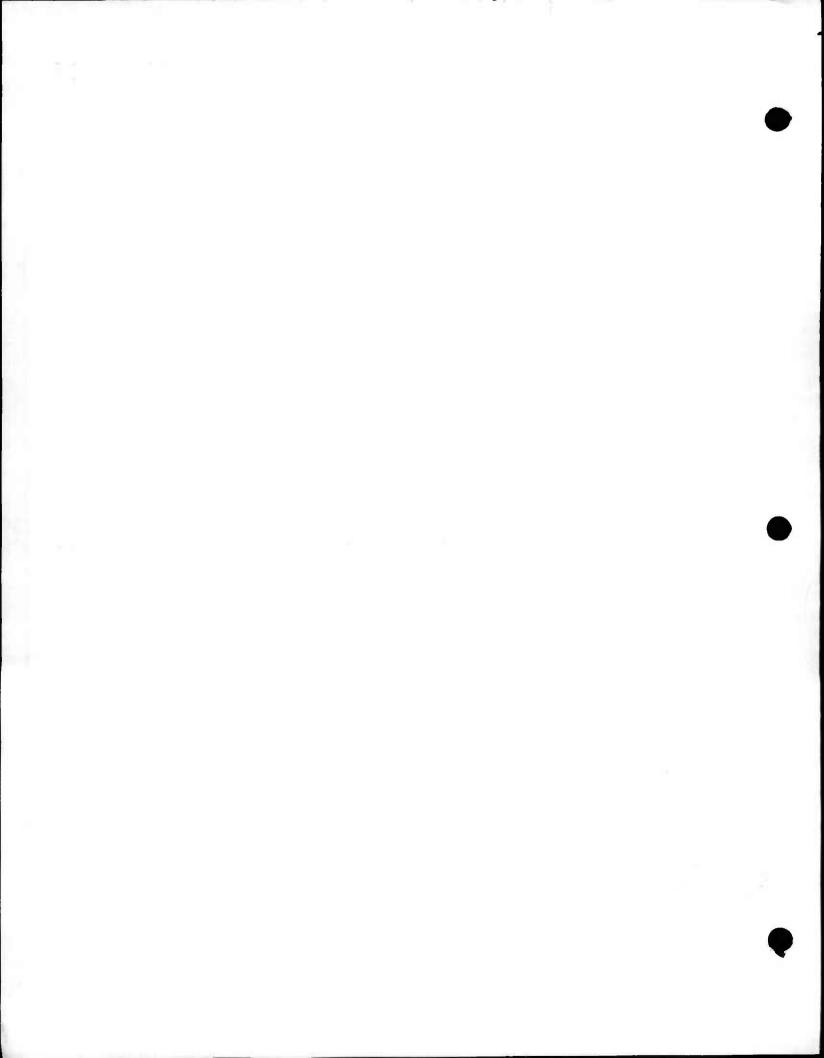
mit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit attent death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	physician.	rial-transit perme.		
BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending	the funeral director, page 5 should be detached for use as the bu oval.	al examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	CONTRACTOR OF THE CONTRACTOR OF THE INTERPRETATION OF THE CONTRACTOR OF THE CONTRACT

TO BE COMPLETED BY FUNERAL DIRECTOR

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	MEDICAL
	PHYSICIAN:
l	ВУ
	COMPLETED
l	BE
l	2

HEGISTRAR		CERTIFI	CATE	OF	DEATH	REG. N	IO.			
	MUFFOLETTO					2. DATE OF DEATH OCTODER 23	°4991	YEAR	3. TIME OF DE. 8:30	А. м
	-M	(In yrs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.5	Count	HPLACE (State or	Foreign
9a. FACILITY NAME (If not institution, give size		86 YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) 7-22-1905 Sicil						119	
1701 E. Belvedere Aver			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEA					DEATH		
10a. STATE 10b. COUNTY		too City	TOWN OF	LOCATE	011					
Maryland		100. 5177			ore City				10d. INSIDE CIT LIMITS? 1 X YES 2	
1701 E. Belvedere Aver	nue			101.	21239		10g. CIT	ZEN OF V	WHAT COUNTRY?	,
	12. WAS DECEDENT EVER I	N U.S. ARMED	13. W	AS DECE	NDENT OF HISPAN	NIC ORIGIN? (Specify	Yea or No-	14, RAC	E — American In-	dien.
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 MINO PATES	11	yes, spec	cify Cuban, Maxica 2 (X NO Specifi	n, Puarlo Rican, atc.)		Whi i	E — American Inc k, Whita, atc.	,
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY										
Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIIe. Do NOT use	retired.)		t of working					
8 Yrs.		Shoe Re	pair	man						
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid	en Sumame)			
Gerome Muffole	tto				Gioachi		livzza			
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or 1				
Jerome Robert Mu						lto., Md.	21214	1		
20a, METHOD OF OISPOSITION 1 IX Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State 20t	netery, cremetory or oth VEW Cathedra	FDISPOSIT	ion (Name	v 10–2	1	alto.,		own, Stata	
21. SIGNATURE OF FUNERAL SERVICE LICE	1000				ADDRESS OF FA		11001, 1	N. s		
Roy H. Cather Roy H. Cat						nc.,5305 Ha			alto.,Md.	21214
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	disease or condition resulting in death) a. Cardusc Saudure V Clld age DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
d.										
PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PLA	CE OF DEATH (Che	ck only one)				
	☐ Inpatient 2 ☐ ER/Outp		OTHER:	ng Home	5 - Residence	a Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY	ac. INJUI WOR		28d. DEŞCRIBE HOW	INJURY OCC	CURED		
3 Suicide a Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— A1 home, farm, str	eet, factor	y, office		281. LOCATION (Street City or Town, State	t and Number (e)	or Rurel R	Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C	AN: To the best of my know On the basis of examination	ledge, death occurred n and/or investigation,	at the time	e, deta a	nd place, and dua ith occured at the	to the cause(a) and m	anner as state	ad. a cause(a) and manner as	stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	lsex, M	· ()			D32	H 18	29d. DATE	SIGNED	(Month, Day, Year,	,
Beverly Kelsey, M.D.	5601 Loch Ra	aven Bouleva								
31. DATE FILED (Month, Day, 16 OCT 2	4 199 PARTIE SICH	ATURE Davidson	-Rand	400						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death, Page 6 may be retained by the those	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND / D	EPARTI	MENT OF	HEALTH AN		YGIENE IEG. NO.	,	23010	
	1. DECEDENT'S NAME (Eirst, Middle, Le-Vince				¢		2. DATE OF DOOR 122	PEATH 2, 1991	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-07-7711	5. SEX 1 D M 食育学	A. AGE (In yrs. last b		ONTHS DAY			y, Year)	Coun	HPLACE (State or Foreign	
lo _R		Good Samaritan Hospital Baltimore						9c. C	OUNTY OF I	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	10e, STATE 10b, COUNTY				CATION 2			10d. INSIDE CITY LIMITS?		
1	10e. STREET AND NUMBER 2022 Hillenwood R	10e. STREET AND NUMBER				101. ZIP CODE 21239			1 (∑) YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN			If yes	DECENDENT OF HIS apecify Cuben, Me	clean, Puerto Ricar	pecify Yee or No-	- 14. RAC Blac Spec	E — Americen Indien, ck, White, etc.	
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secpodery (0-12)	DUCATION de completed) Coflege (1-4 or 5 +	(Give	DENT'S US kind of work o NOT use n		ATION most of working	16b. KIN	D OF BUSINESS	Whi	te	
BE CON	17. FATHER'S NAME (First, Middle, Last) Francis Meyd					16. MOTNER'S France	NAME (First, Middle)	s, Maiden Surnam	•)		
10	190. INFORMANT'S NAME (Type/Print) Mary Catherine M	eyd	19b. A	MAILING AD	Hiller	et and Number or Ru NOOD RO	ral Route Number, C ad Balt	imore,	Zip Code) Md. 2	1239	
	20e. METNOD OF DISPOSITION 1 VBurlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)		20b. PLACE AND COMMENTS OF THE PROPERTY OF THE	tory or other	nlacel	Name of ner Oct.	PATE 26.1991	20c. LOCATION			
	21. SIGNATURE OF FUNERAL SERVICE I	ully .			22. NAM	and address of	FACILITY				
	23 PAST I. Enter the disease, Di shock, Dr heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Se	t caused the deett se on each line.	2	enter the	mode of dying, a	uch as cardiac	or respiratory	arrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other significant condition	ons contributing to	death but not res	ulting in t	he underl	ring ceuse given		. WAS AN AUTOPS PERFORMED?	,	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
N: MEDI								YES 2 Ne		OF DEATH?	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO	HOS ITAL:	ER/Outpetlent 3 🗆		THER:	PLACE OF DEATN		a cife d			
ву рну	27. MANNER OF DEATN 1 Neturel 5 Pending 2 Accident Investigation	26e. DATE OF (Month, De	INJURY 2	186. TIME O	F 28c.	INJURY AT WORK?		BE NOW INJURY	OCCURED		
ETED 6	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE Of building,	F INJURY — At home, etc. (Specify)	, farm, stree	et, factory, o	ffice	28f. LOCATION City or Tox	N (Street end Num wn, State)	ber or Rural	Route Number,	
COMPL	2 MEDICAL EXAMIP	SICIAN: To the beet of NER: On the basis of ex								e) end menner ea steted,	
TO BE	29b. SIGNATURE AND TITLE OF CEPTING	wist	MD			29c. LICENSE	OTO_	29d. 0	O /	22/9	
	30. NAME AND ADDRESS OF PERSON W 31. DATE FILED (Month, Day, Year)		SAUAR	T) (Type, Pric	J H	Tr 52	sou re	3 CH1	RAN	en Rino	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DET 84 1991 Sulia Devidson-Mandelle										

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI	_				
	1. DECEDENT'S NAME (First, Middle, Last)	Murrill			2. DATE OF DEATH	20 91	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212 50 5939 98. FACILITY NAME (If not institution, give at	M 2 D F 45	2 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Month, Day, Year) 4-16-49	a	errhplace (State or Foreign purity) ryland			
TOR	Loch Raven VA Me	- Transcription	70.	BALTIMORE	DEATH	Se. COUNTY C	St. COUNTY OF BEATH			
DIREC	MD 10a. STATE 10b. COUNTY		1.54	own or Location		10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL DIRECTOR	100. STREET AND NUMBER 536 Beaumont Av	7e.		10f. ZIP CODE 2 1 2 1 2	2		OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT!	2 NO	13. WAS DECENDENT OF HISP It yes, specify Cuban, Mex 1 — YES 2 PNO Spe	ican, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, atc. SpecifyBlack			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IBB. DECEOENT'S USU (Give kind of work ilfe. Do NOT use rei	done during most of working ired.)	16b. KIND OF B	USINESS/INDUSTI	ay .			
BE COM	17. FATHER'S NAME (First, Middle, Last) William Murri	.11	unempi		NAME (First, Middle, Maide	n Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print) Barbara Cotton			ORESS (Street and Number or Rur	ral Route Number, City or To		,			
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	ount from State	PLACE AND DATE OF	Beaumont Ave. Balto. Md. 21212 FOF DISPOSITION (Name DATE DATE 20c. LOCATION — City or Town, State y or other place) Forest Vet Cem10/25 Balto. Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIC		lass	22. NAME AND ADDRESS OF Douglass E 1701 McCul	Facility Funeral S		rid.			
	23. PART I. Enter the diseases, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. fncu	en line.			piratory srrest,	Approximate interval Between Onset and Deeth			
ATION	Sequentielly list conditions, if sny, leading to immediats cause. Enter UNDERLYING	Ald	CONSEQUENCE OF): CONSEQUENCE OF):				Zyrs			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):				1 6			
CAL	PART II. Other eignificent condition	ORMED 2 NO	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)					
YSIC	EXAMINERS 1 YES 2 NO	HOSPITAL:		THER: ☐ Nursing Home 5 ☐ Resident						
	27. MANNER OF DEATH 1 Natural 5 Pending	vestigation " 1 TES 2 NO								
B	Accident	284 PLACE OF INJURY -				tel	urar noute rumber,			
	3 Sulcide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, atc. (Specifi	— At home, farm, stree y)	n, and any of the	City or Town, Sta	(0)				
	3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CHECK DIVIDED TO THE COULD NOT BE SUICED TO THE COULD NOT BE SUICE	28e, PLACE OF INJURY - building, atc. (Specifi CIAN: To the best of my knowle R: On the basis of axamination	dga, death occurred a	t the time, data and place, and o	City or Town, Sta	nanner as stated,	use(a) and manner as stated.			
TO BE COMPLETED BY	3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CHECK DIVIDED TO THE COULD NOT BE SUICED TO THE COULD NOT BE SUICE	building, atc. (Specify CIAN: To the best of my knowle R: On the basis of axamination	dga, death occurred a	t the time, data and place, and n my opinion, death occurred at 29c. LICENSE I	City or Town, Sta	nanner as stated, and due to the ca	use(s) and manner as stated. aneD (Month, Day, Year)			

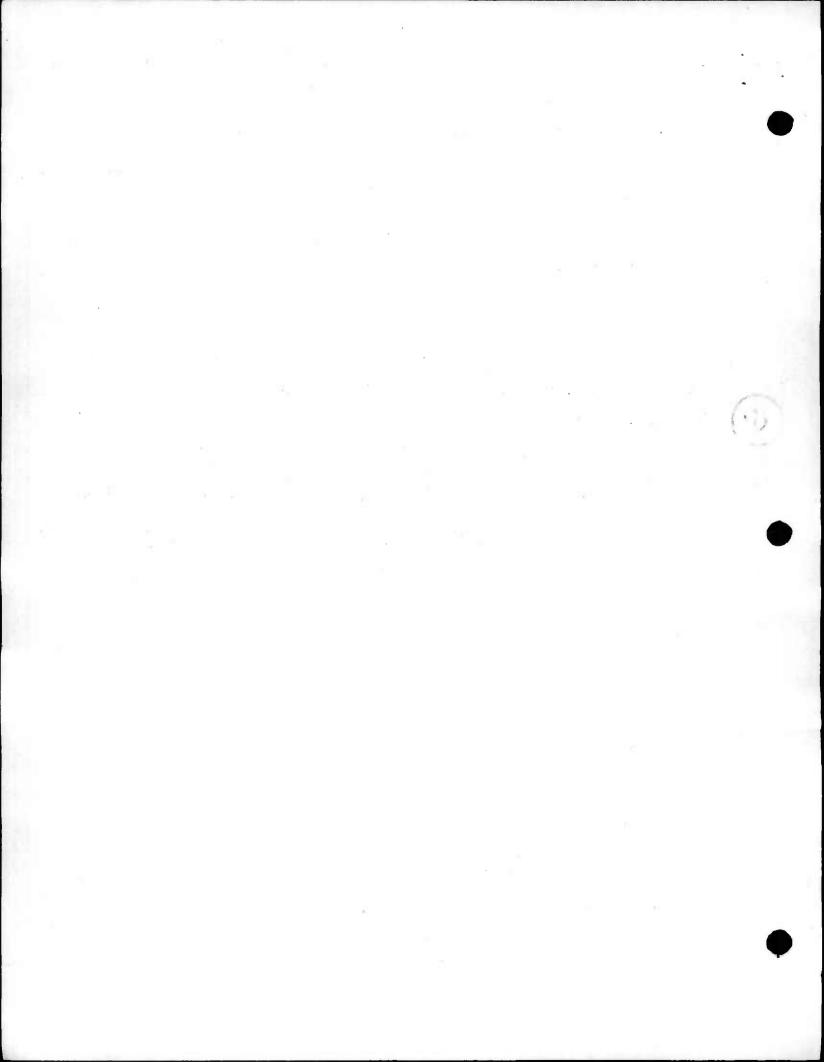
31. DATE FILED (Month, Day, Year)
OCT 24 1991

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH A		AL HYGIENE		(,) () ()
1. DECEDENT'S NAME (First, Micidle, Last)				-	E OF DEATH	Y YEA	3. TIME OF DEATH
THOMAS EDWARD 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) #F	UNDER 1 YEAR IF UNDER 24	(0.4.	E OF BIRTH	1991 8. Br	RTHPLACE (State or Foreign
216-24-8151 9s. FACILITY NAME (If not institution, give s	1 M 2 F 62	YRS.	CITY, TOWN OR LOCATION	05	17 1	929 MA	
HOWARD COUNTY GEN			OLUMBTA	or bearing		HOWARD	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10e. CITY, To	OWN OR LOCATION				10d, INSIDE CITY
MD HOWAR 10e. STREET AND NUMBER	D	WEST	FRIENDSHIP			10a, CITIZEN C	1 YES 2 NO
12799 BUTTERCUP C			21794		A	U.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 V NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 X NO	Mexican, Puerte			ACE — American Indian, llack, White, atc. pecify: WHITE
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	10	b. KIND OF BUS	INESS/INDUSTR	Y
Elementary/Secondary (0-12)	Cottege (1-4 or 5+) NONE	ANALYST	an out,		N.S.A.		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHE		, Middle, Maiden 3	,	
THOMAS J. 196. INFORMANT'S NAME (Type/Print)	MITCHELL	19b. MAILING AD	FL DRESS (Street and Number of	ORENCE			RIDLEY
VIRGINIA MITCHELL			UTTERCUP CO				, MD 21794
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 X Other (Specify) Fig. 21. SIGNATURE OF AVNERAL SERVICE LI	tombment CR	other place)	EMORIAL GAR 22. NAME AND ADDRESS	DENS OF FACILITY	MAR	RIOTTSV	Town, Stata
) Jamie 1	Such	Cert	SINGLETON			DUDNITE	E, MD 21061
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):	cardia 1 arte	el u	afa	rete	Onaet and Death
PART II. Other aignificant condition	na contributing to death I	out not resulting in t	ha underlying cause giv	ren in Part i.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEA	TH (Check only	one)		
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER: Nursing Home 5 - Resi	dence 8 🗆 Ot	her (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			EȘCRIBE HOW II	JURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y A1 home, farm, stre- city)	R, factory, office		OCATION (Street a by or Town, State)	nd Number or Ru	ral Route Number,
	ICIAN: To the best of my know ER: On the basis of axamination						se(s) and manner as stated.
							NED (Month, Pey, Year) 23/9/ ONS VILLE D 2/228
30. NAME AND ADDRESS OF PERSON WE	BUTT 716	EATH (ITEM 27) (Type, Pri	N CHOIFE	LAVE	#301	CAT	ONSVILLE
31. DATE FILED (Month, Day, Near)	32. REGISTRANIS SIGN	NATURE Daniels	400	TINE		n	D21228



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BALTIMORE, MARYLAND 21215-0020	Free State The law impures that the possible control of the free forms after death. Page 6 may be retained by the hospital or attending physician is certifically that best of the free state of	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OF ATTEND. OF PRINCIPAL TO THE DAY INTO THE DAY OF CHILDREN DESCRIPTION OF THE WAS A CONTROLLED BY THE HOSPITAL OF ATENDING PHYSICIAN. DIRECTOR OF THE STATE THE DAY OF THE PROOF PRINCIPAL PRINCIPAL OF THE STATE	tem 28 in marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OF ATTERNO THE FUNERAL DIRECTOR DE filed within 72 neurs after IMPORTANT. IL Tem 28

•	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH		3. TIME OF DEATN	
	JOSEPH HEN	RY MEWSHAW				10 22	1991	8:00 pm	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Id		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	NPLACE (State or Foreign	
	216-16-3445	1 M 2 D F 75	YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year) O3 O2 1916 MARYLAND			
~	9a. FACILITY NAME (If not institution, giv	e street and number)	9b.	CITY, TOWN OF	LOCATION OF D	DEATN	9c. COUNTY OF D		
DIRECTOR	314 NEW JERSES				URNIE		ANNE	ARUNDEL	
E	10a. STATE 10b. COUL			WN OR LOCATE				10d. INSIDE CITY LIMITS?	
	MD ANNE	ARUNDEL	GL	EN BUR				1 TES 2 NO	
FUNERAL				101.	ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?	
NE NE	314 NEW JERSEY A				21060		U.S.A		
	1 Never Married 2 X Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 XYES 2	NO NO	13. WAS DECE If yes, spec	NDENT OF NISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No 14. RACE Black	E — American Indian, k, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	WII	1 TYES	NO Speci	fy:	Speci	"WHITE	
8	15, DECEDENT'S EL	DUCATION 16a. D	ECEDENT'S USU	AL OCCUPATION		16b. KIND OF BUSI	NESS/INDIJETOY	WILLE	
E	(Specify only highest gra Elementary/Secondary (0-12)		Give kind of work of e. Do NOT use reti	done during most ired)	of working	1331 13112 01 3331	11.00/110001111		
MP I	10		USTODIA	L OFFI	CER	PATHXEN	T INSTIT	NO T'TH'	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden S		OTTON	
ш	JOSEPH H.	MEWSHAW			ANN			RM	
TO B	19a. INFORMANT'S NAME (Type/Print)	11	96. MAILINO ADD	RESS (Street and		Route Number, City or Town,		101	
-	MARY M. MEWSHAW		314 NEW	JERSE'	Y AVE. 1	N.E. GLEN	BURNIE.	MD 21060	
	20a. METNOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Ra	20b. PLACE	AND DATE OF DIS	SPOSITION (Nem			ATION — City or To		
	4 Donation 5 Other (Specify)	CEDAR	HILL (CEMETER			ROOKLYN,	MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ADDRESS OF FA	ERAL HOME			
	the Vel	son Sumbun	_			S.W. GLEN	DUDNITE	MD 01061	
	23. PART L Enter the disesses, o	r complications that caused the d	esth. Do not e	nter the mod	e of dying, auc	h ss cerdlec or respire	tory arrest.	MD 21061 Approximate	
	IMMEDIATE CAUSE (Fine)	e. List only one cause on each line	е.				CAN THEY	Interval Between Onset and Death	
	disease or condition resulting in death)	· Cancen	08	10	ostat	to		Onset snd Desti	
	rooding in death)	DUE TO (OR AS A CONSE	OUENCE OF):) (2				
z	Sequentially list conditions, b.								
Ĕ	If any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury	c						•	
Ē	that initieted events resulting in desth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):						
E		d							
CAL	PART II. Other significant condition	ons contributing to deeth but not	resulting in the	e Underlying	ceuse given in	Part I. 24s. WAS AN AI	JTOPSY 24b.	WERE AUTOPSY FINDINGS	
S	An	emia				PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME						1 🗆 YES 2 🖟	NO	OF DEATN?	
ä						_		1 TES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Ch	eck only one)			
is.	1 TES 2 DAG	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3		HER: Nursing Home	5 (Linesidence	6 Other (Specify)			
PH	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR	TA Y	28d. DESCRIBE HOW INJ	URY OCCURED		
	1 Accident 5 Pending Investigation		1		S 2 NO				
COMPLETED BY	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	factory, office		261. LOCATION (Street and City or Town, State)	Number or Rural R	oute Number,	
	4 Nomicide datarmined					Only or Town, State)			
ᆲ	(Check only	SICIAN: To the best of my knowledge, de	esth occurred at t	the time, date ar	nd place, and due	to the cause(a) and manne	or an stated.		
§ Ö	one) 2 MEDICAL EXAMIN	IER: On the basis of exemination and/or	Investigation, in r	my opinion, dear	th occured at the	lime, data and place, and	dua to the cause(a)	and manner as stated.	
BE O	296. SIGNATURE AND TILE OF GERTIFIE				9c. LICENSE NUN			(Morith, Day frear)	
	1 low	me m					10/	24/4,	
٤	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	0.		38d	- 1	(/	
	7010	> Kilchie		26	4 130	vnio	red >	1261	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					, ,		
	OGT 24	1991 Julia Savid	Iron-Rand	202				/	

DNMN-18 Rev 1/89

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The PANSILIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	Ame to inficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		merced or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 STATE	STATE OF MAR	YLAND / DEPAR	TMENT	OF HEALTH AND N	MENTAL HYGIEN	9 2	290	22
100	1. DECEDENT'S NAME (First, Middle, Last)	Y							IME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-14-1594 A	M	GE (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 4/1/19	200	Country)	E (State or Foreign
TOR	90. FACILITY NAME (If not institution, give structured of the stru			9b. CITY, 1	own on Location of DE Baltimore	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY Md. Balt:	imore							LIMITS?
FUNERAL	1921 Eutaw Place			-	101. ZIP CODE 21217		U.	S. A	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 VNO	- 11	yes, specify Cuben, Mexica	n, Puarto Rican, alc.)	s or No- 14.	Black, Wh Specify:	ita, atc.
COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done du se retired.)	ring most of working	18b. KIND OF BU	SINESS/INDUS		71 % 0 N
BE CON	17. FATHER'S NAME (First, Middle, Last) Kervey McCaskil	1			Le ⁻	thea McCas	kill		
2	198. INFORMANT'S NAME (Type/Print) Mary Chapman 208. METHOD OF DISPOSITION		1921	Eutaw	Place,Apt.	1-A Baltim	ore, M	d. 2	
	1 Burlel 2/17 Cremetion 3 Hember 4 Donation 3 Other (Specify) 21. SK HATURE OF PUNERAL SERVICE LICE			remati	OPY AME AND AODRESS OF FA	10/ ₂₂ Ba	ltimor	e, Mo	d
	23. PART i. Enter the diseases, or cannot shock, or heart fellure. L			12	06-08 W. No.	cth Ave. B	altimo	re. I	
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	AUGE TO	ST RUCT	IUE	ALRWY	ry DI8	EA8	ī	Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING b. CHRONIC TRISTING TWE MIRWAY DISEASE DUE TO (OR AS A CONSEQUENCE OF):								YEMIS
ERTIFI	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	OUE TO (OR	AS A CONSEQUENCE (OF):					10403
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to dee	th but not resulting	In the unc	lerlying cause given in	PERFO	RMED?	CO OF	MADLE PRIOR TO MPLETION OF CAUSE DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 DOA						
BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF INJU (Month, Day, Ye	A AGE (in yrs. last birthday) SURGER 1 YEAR SURGER 24 SES. 7. DATE OF BERTH 12. O.O.	Number,					
COMPLETED	4 Homicide determined 29a. CERTIFIER Check only CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death occur			a to the cause(a) and mo	enner sa stated.		
BE CON	20b. SIGNATURE AND TITLE OF CERTIFIER		nation and/or investigat	lon, in my or			,	IGNED (Mo	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F OEATH (ITEM 27) (Typ	ne. Arint)			1	0/1	8 9 1

HOS PITAL

Mary Carrie March

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BALTIMORE, MARYLAND 21215-0020

traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICAN. The law requires that the death certificate of the freeding physical pure AL DIRECTOR Are the entirent has been signed by the attending physical within 72 hours are death with the State Dept. of Health and Mental Hygiene particularly. If them 21 is marked, or them 23 shows any injury, or other?

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	HEGISTRAH		C	FRIIL	ICATE	OF	DEAT	H		REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)	T MET MO	ED.						2. DATE OF	OEATH		YEAR	3. TIME OF OEATH
	DANIE 4. SOCIAL SECURITY NUMBER								OCT.	18,™	1991	12.00	7,45 P M
	090-12-8096	5. SEX XX M 2 F	6. AGE (In yrs. la:	YRS.	IF UNDER	DAYS				Day, Year)	bar) Country)		
œ	9e. FACILITY NAME (if not institution, give :		9b. CITY,		R LOCATIO		ATH		9c. COUNT				
DIRECTOR	#5 DEAUVILLE CO	URT, APT.	2-A			В	ALTI	MORE				BALT.	IMORE
Ä	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT		10 and				11	IOd. INSIDE CITY
_	MARYLAND BAL	TIMORE		l e			BAL'	PIMOF	RE			,	LIMITS?
≱∣	10e. STREET AND NUMBER					101	. ZIP COOE				10g. CITIZ		IAT COUNTRY?
FUNERAL	#5 DEAUVILLE CO							2120	08		ט	SA	
	1 Never Married 2 Merried		VES 2 1		H	yee, spe	ecify Cuber	F HISPANI , Mexicen	C ORIGIN? (Specify Yes en, etc.)	or No-	4. RACE - Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AA'OR DATES		1	☐ YES	² X NO	Specify:				Specify:	WHITE
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)	16e, OE	CECENT'S	USUAL OC	CUPATIO	N of working		16b. K	NO OF BUS	INESS/INOU	STRY	
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+		Do NOT us	ne retired.)								
Ř	17. FATHER'S NAME (First, Middle, Last)	4			OFF1	CER						ITAR	Y
		ELTZER					16. MOTH		AE (First, Mid ANN	die, Meiden	Surname)	3.00	CONT
BE	BENJAMIN M 190. INFORMANT'S NAME (Type/Print)	ELIZER	19	b. MAILING	AOORESS	(Street e	nd Number			City or Town	n, State, Zip C	ART	SON
임	MR. KENNETH MELT	ZER							VILLE		2123	-	
	20e. METHOD OF OISPOSITION **X**Buriel 2	oval from State	20b.PLACE of cemetery, cre ARLIN					MEMEI	OATE	20c. LOC	CATION — CI		
- 1	21. SIGNATURE OF FUNESIAL SERVICE LIC	Diles .	ARLII	AGTOW			O ADDRES						TON, VA
	Month	Jan			60	010	REIS'	TERS!	TOWN	RD.,	BALTO)., M	D 21215
	23. PART I. Enter the diseases, or ahock, or heart feiture.	complications that	caused the de	ath. Do n	ot enter t	he mod	de of dyla	ng, auch	as cardie	or respli	ratory arre	nt,	Approximate
ı	IMMEDIATE CAUSE (Final disease or condition	1	10		+	7	1	46.					Onset and Death
ļ	reaulting in death)	· H	OR AS A CONSE	rona		MY	ombi	צועש					MINER
z		002 10 (OH AS A CONSE	DUENCE OF): V								
CATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):								
<u> </u>	CAUSE (Disease or Injury	C. OHE TO (OR AS A CONSEC	WENGE OF									
	that initiated eventa resulting in death) LAST		On AS A COMSEC	IVENCE OF):								
S	DART II On a lastic	d,											<u> </u>
ਰ	PART II. Other algnificant condition	a contributing to	death but not r	esulting i	n the und	leriying	ceuse gl	ven in P	art I. 24	e. WAS AN			ERE AUTOPSY FINDINGS
									_ [1	YES 2	□-mo		OMPLETION OF CAUSE F CEATH?
Σ									-			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OE	ATH (Chec	k only one)				
<u> </u>	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	LOOA	OTHER:				Other (S	necify)			
Ē	27. MANNER OF OEATH	26e. OATE OF II (Month, Day	NJURY (, Ybar)	26b. TIME	OF 2	8c. INJU	JRY AT				JURY OCCU	REO	
à l	1 Natural 5 Pending 2 Accident Investigation		1 1 1		М	1 🗌 Y	ES 2 🗌	NO					
COMPLEIED	3 Suicide 6 Could not be determined	26e. PLACE OF building, a	INJURY — At horac. (Specify)	me, ferm, e	treet, factor	y, office		1	261. LOCATION OF T	ON (Street er own, State)	nd Number or	Rural Rou	te Number,
#	29e, CERTIFIER Check only	CIAN: To the best of n	ny knowledge de	ath occurre	d at the Har	n data	and also						
5	one) 2 MEDICAL EXAMINE	R: On the beele of exe	mination and/or i	nvestigation	, in my opi	nion, de	eth occure	end due to d at the lir	o the cause(me, date end	e) end mend I place, end	ter ee stated due to the	ceuse(e) e	nd manner ee stated.
H H	29b. SIGNATURE AND TITLE OF CURTIFIES	Par lui				Т	29c. LICEN						lonth, Day, Year)
2	youph A	THOU 14	W				D	(130)	34		> /	0/19	41
	30. NAME AND ABBRESS OF PERSON WHO	COMPLETEO CAUSE	6715	127) (Type,	Prine) HEIG	arı	Au	E	BALG	1	100	2121	WZ.
	31. DATE FILEO (Month, Day, Year)	32, REGISTRAR	S SIGNATURE	31-7	11010	NI	1100		JA Y	0 '		1	9
	OCT 24 1991	greeteit	-7-4	4									

BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	 DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. 	Many On the state of the state

2, 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. D TUZENIAL OR ATTENDING PHYSICIAN: The law required TUZENIAL DIRECTIOR: After this certificate has been signified with the State Dept. of His

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			NTAL HYGIENI REG. NO.	E		
	t. DECEDENT'S NAME (First, Middle, Last)	Frederick F		ONORA	ТО		DATE OF DEATH DA	š, 19Š	3. TIME 4:4	OF DEATH
	4. 174-24-2528 714-24-2529 9a. FACILITY NAME (If not institution, give in	1 ₹ M 2 □ F 5	9 yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) 1-12-32	8.	8. BIRTHPLACE (State or Foreign Country) Penn.	
TOR	Franklin Square	Hospital		96. CITY, TOW R	OSSVII			Balti	more C	ounty
DIRECTOR	10a. STATE 10b. COUNT	Harford Joppa Towne						10d. INSIDE CITY LIMITS? 1 \sum YES 2 () NO		
FUNERAL	104 Duryea Dr.				210	85		10g. CITIZEN	OF WHAT COL	
B	tt. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IE VES CIVE WAS OR DATED						Yea or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ighest grade completed) (Give kind of work done during most of working						iness/indus		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Joseph Onorato							Surname)		
2	190. INFORMANT'S NAME (Type/Print) LOTTaine R. On	orato	19b. MAILING	4 Durye	and Number a Dr.	or Rural Route Joppa	Number, City or Town	Stete, Zip Cod MD 2	1085	
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ram 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	loval from State Ceme	PLACE AND DATE: lery, crematory or o 1 Air Me	emorial 22. NAME	Gdns.	S OF FACILIT	26-91 I	Bel Ai	or Town, State	
	IMMEDIATE CAUSE (Final	e. Cerebrova S	SCUlar 1	eft sic	e wit	h r i gh	nt side p		Int On	proximate erval Batweer set and Deat
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF	F):	es me	llitus				
	History of Myocardial Infanction v A						1. 24a. WAS AN A PERFORM	ED?	COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE ?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXX NO 27. MANNER OF DEATH	HOSPITAL:		OTHER: 4 Nursing Ho	me 5 🗆 Res		Other (Specify)			
5	t Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	Natural 5 Pending (Month, Dey, Year) NUNTY 2ed. HIJURY 2ed. DESCRIBE HOW INJURY OCCURED NUNTY 2ed. DESCRIBE HOW INJURY OCCURED 2ed. DESCRIB							er,	
COMPLETED	29a. CERTIFIER 1X CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, death occurre	d et the lime, da	a and place,	and due to the	e cause(s) and menn	er as stated.		
IO BE CO	296. SIGNATURE AND TITLE OF DESTIFIEN	2				d at the time,		29d. DATE ŞIC	GNED (Month, De	
	30. NAME AND ADDRESS OF PERSON WAR Shelia Alongi	9000 Frank	H (ITEM 27) (Typo. I in Squa	re Driv	e Ba	ltimor	re, Maryl		21237	1
	31. DATE FILED (Month, Day, Year)	17. REGISTRAR'S SIGNAT	une od 00							

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mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLET

29s. CERTIFIER (Check only one)

31. DATE FILED (Month, Day, Year)
UET 24 199

1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data

32. REGISTRAR'S SIGNATURE

2 MEDICAL EXAMINER: On the basis of examination and/or investigation,

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DIVISION OF VITAL RECO	-		ž
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law ri	TO THE FUNERAL DIRECTOR: After this certificate has been	be filed within 72 hours after death with the State Dept
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	2	2	8

										9	1	29	025
	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	T OF H	IEALTH DEAT	AND N		YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		3.	TIME OF DEATH
	Samuel B.								MONTH	DAY 18		YEAR	8:14 PM
	4. SOCIAL SECURITY NUMBER 216-12-6971	5. SEX	6. AGE (In yrs.	last birtnday) YRS.	IF UND	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	BIRTH By. Year) -8/20			ACE (State or Foreign
	9s. FACILITY NAME (If not institution, give				9b. CIT	Y, TOWN C	OR LOCATION	ON OF DEA	ATH .		c. COUNT	Y OF DEA	
DIRECTOR	Francis Scottk	ey Med	Center		B	alt	noi	ela	tz).	12.	2,550	00 20	
REC	10a. STATE 10b. COUNT	Υ				OR LOCAT	ION					10	INSIDE CITY
	Ma			B	alte)						1	LIMITS?
AL	10e. STREET AND NUMBER						. ZIP CODE			10	g. CITIZE		T COUNTRY?
VER.	3112 Gwynns	Falls Par	Rway				21	216			6	1.5	·A
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 1F YES, GIVE W	YES 2	ARMED NO	13	If yes, sp	ecify Cuba	F HISPANI n, Maxican Specify:	, Puerto Ricar	pecify Yes or f	No- 14	Specify:	American Indian, Thita, atc.
											Slack		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Tel. DECEPENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)												
MP													
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Hallie Hall Smith												
BE	19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILING	ADDRES	S (Street a	nd Number	OF BURN DO	1 ICC	City or Town, St	(77)		
2	Elsie H. Rog.	ers		3110	2 6	20 .	nns	Fa	1/5	PRULI	B	2 / to	Md 2121
	20a. METHOD OF DISPOSITION 1 of Burlet 2 ☐ Cremation 3 ☐ Rarr 4 ☐ Donation 5 ☐ Other (Specify)	novel from State	20b. FLACI cemelery, c	EAND DATE	OF DISPO	He	me of A	uk	DATE 10-23-9	20c. LOCATI	ON - CH	y or Town,	Stata Md
	22. NAME AND ADDRESS OF FACILITY Wash F. H. West Ave												
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock or heart failure. List point one course and the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest,												
	ahock, or heert feiture. iMMEDIATE CAUSE (Finel disease or condition	List Dilly Dile Ceu	, ,	ne.			- o o o o o	ng, socii	ao cordiac	or reapirato	Ty arres	ι,	Approximate Interval Between Onset end Deat
	resulting in death)	**	P515			_							
			(OR AS A CONS										
S I	Sequentially list conditions,	b. Fn	(OR AS A CONS	a									
F	if any, leading to immediata cause. Enter UNDERLYING												
윤	CAUSE (Diseese or injury		te Lev Ior as a consi										l
CERTIFICATION	that initioted events resulting in death) LAST	d.	(or no n conta	EUGENGE O	·								
	DADT II Other simulation in 1911												
3	PART II. Other significent condition	s contributing to	deeth but not	resulting	in the u	nderlying	cause g	iven in P	ort i. 24e	PERFORMED		24b. WE	RE AUTOPSY FINDINGS MLABLE PRIOR TO
ă									_ 10	YES 2 I	NO	CO	MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	1 TYES									YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL												
등	EXAMINER? HQSPITAL: OTHER:												
HX.	27. MANNER OF DEATH	1 Ainpetiant 2 28s. DATE OF			-				Other (Spe				
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ay, Year)	28b. TIM INJ	E OF URY M	28c, INJU WOR	JRY AT RK? ES 2		28d. DESCRIB	BE HOW INJUR	Y OCCUP	RED	
ED	3 Suicide 8 Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number or Rural								Number,				

DHMH-18 Rev 1/89

91

29d. DATE SIGNED (Month, Day, Year)

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of DEATH (ITEM 27) (Type, Print) He News, Francis Scott Kay Med Center, Balt

(6)

John Toward Hope M.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO TOWN THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE TOTAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fundar a fired time as the burial transfer mermin Pages 1.9.3 executed	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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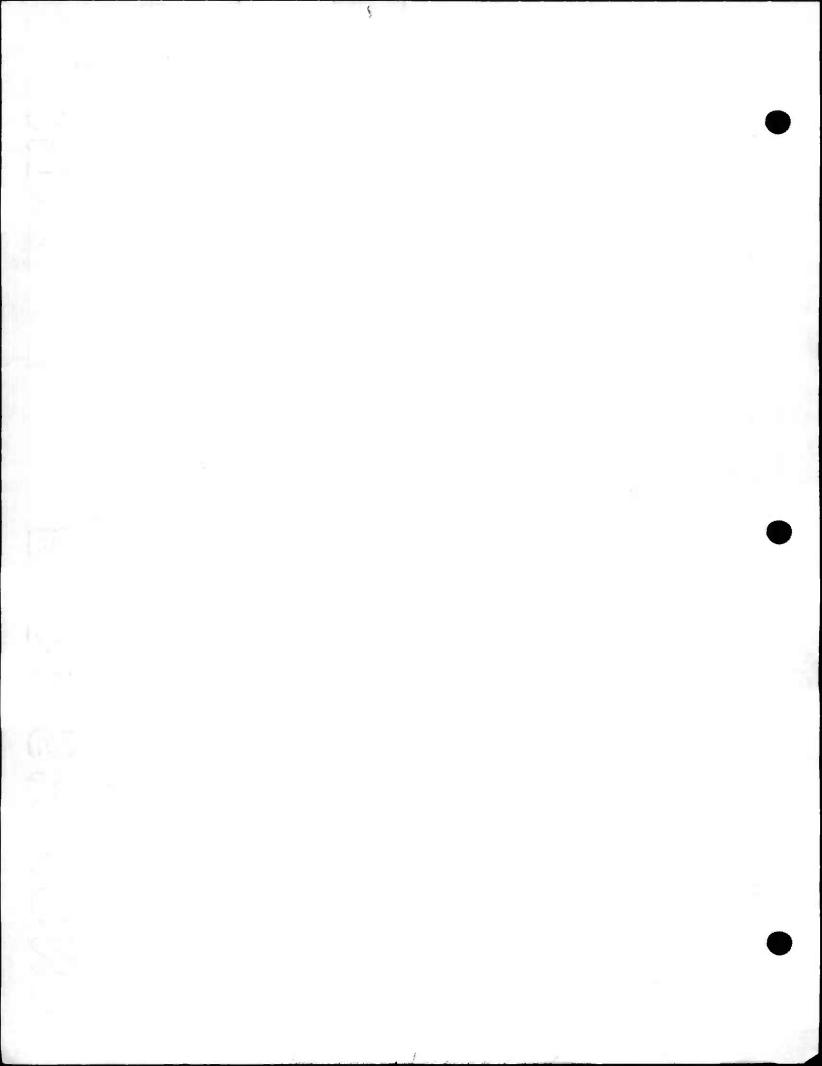
	, Middle, Last)		0 50	RAB	INOWI:	rz			2. DATE OF D	EATH DAY	7 YEAR	3. TIME OF DEATH
		5. SEX				_	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day,	RTH	6. BIRTH	
9a. FACILITY NAME (N not h	nstitution, give			82							MARYLAND	
					the death of beath						DEATN	
RESIDENCE OF DEC	CEDENT			BALTIMORE								
MARYLAND			2	10c. CITY, TOWN OR LOCATION OWINGS MILLS							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
		т.		10f. ZIP CODE 21117						10g. CI	USA	WHAT COUNTRY?
3 Widowed 4 Divo	orced	FORCES? 1	YES 2	2 NO If yes, specify Cuban, Mexican, Pr				n, Puerto Ricen, stc.) Black, White Specify:			E — American Indian, k, White, atc.	
15. DEC (Specify only	EDENT'S EDU	CATION completed)	18a.	OECEDENT'S	USUAL OCC	UPATIO	N et of workin	v7	16b. KINO	OF BUSINESS/IN	OUSTRY	
			-)	life. Do NOT u	se retired.)	my mos	it or worki	Ŋ		RETAIL	ı	
		OWITZ					18. MOTI	JUL I	AE (First, Middle, A (UNK	Meiden Sumame)		
19e. INFORMANT'S NAME (Type/Print) DR _ FARRY FTSHET. 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										117		
20b. PLACE AND DATE OF DISPOSITION Name of OATE 20c. LOCATION — City or Town, cemetary, crementory or other place) Densition S Other (Poscey) BNAT TSRAFT, 10/23/91 BAT TIMORE, MD									wn, State			
21. SIGNATURE OF FUNCTION	L SERVICE EN	CENSEE /	DIV	AI IS						ALTIMOR	E, M)
Mani	4				60	010	RETS	STERS	TOWN R	D. BAL	тО.	MD 21215
IMMEDIATE CAUSE (Fins) Interval Between Onaet and Death												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
- 1				t resulting i	in the unde	erlying	ceuse g	lven in P		PERFORMEO?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:	FR/Outnation	3 🗆 004	OTHER:							
27. MANNER OF DEATN 1 Natural 5	Pending	28e. DATE OF	INJURY	28b. TIM	E OF 20	e. INJU	RY AT				CCURED	
3 Suicide 8 0	Could not be	28a. PLACE OF building,	INJURY — At	home, farm, a	treet, factory		ES 2		2af. LOCATION City or Town	(Street and Number, State)	r or Rural A	oute Number,
29e. CERTIFIER (Check only one)	FYING PHYSI	CIAN: To the beet of	my knowledge,	death occurre	d at the time	, date e	end place,	end dua to	o the cause(a) e	end manner as ats	ited.	
2 MEOR			amination and/o	or Investigation	n, in my opir							
1 m		117				- 1	∠øc. LICE	NUMB	EH		D S	(Month, Day, Year)
	21.3-20-4540 9a. FACILITY NAME (If not in SINAI HOSP) RESIDENCE OF DEC 10a. STATE MARYLAND 10a. STREET AND NUMBER 1.5 SHAPED (1.5 SHAPED	SINAI HOSPITAL RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STREET AND NUMBER 15 SHAPED GLEN C 11. MARITAL STATUS 1 M Never Merried 2 Merried 3 Midowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) RAPHAEL RABING 19e. INFORMANT'S NAME (Type/Print) DR. LARRY FISHEL 200 METHOD OF DISPOSITION 1 Burlet 2 Cremistion 3 Rem 1 Donation B Other (Grach) 21. SIGNATURE OF FUNDRAL SERVICE IN 1 Burlet 2 Cremistion 3 Rem 1 Donation B Other (Grach) 21. SIGNATURE OF FUNDRAL SERVICE IN 1 Burlet 2 Cause (Finst disease or condition reculting in deeth) 23. PART I. Enter the States, or ehock, or heert failure IMMEDIATE CAUSE (Finst disease or condition reculting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant condition COLOSIO M 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 MEDICAL EXAMINE	4. SOCIAL SECURITY NUMBER 213-20-4540 9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY MARYLAND 10c. STREET AND NUMBER 15 SHAPED GLEN CT. 11. MARITAL STATUS 1 K) Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) RAPHAEL RABINOWITZ 19e. INFORMANT'S NAME (First, Middle, Last) RAPHAEL RABINOWITZ 19e. INFORMANT'S NAME (First, Middle, Last) PART II. Enter the MERRAS OF Completed 15. DECEDENT'S EDUCATION 16 Durist 2 Cremation 3 Removal from State 17. FATHER'S NAME (First, Middle, Last) RAPHAEL RABINOWITZ 19e. INFORMANT'S NAME (First, Middle, Last) PART II. Enter the MERRAS OF Completed on the county of the county o	213-20-4540 1	4. SOCIAL SECURITY NUMBER 213-20-4540 5. SEX 1 M2 LYF 82 YRS. 92. FACILITY NAME (if not institution, give street and number) SINAI HOSPITAL RESIDENCE OF DECEDENT 109. STATE 109. STATE 109. STATE 11. MARTIAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 16. STREET AND HUMBER 15 SHAPED GLEN CT. 11. MARTIAL STATUS 16. Never Married 2 Married 17. Never Married 2 Married 18. DECEDENT'S EDUCATION (Specific york) highest grade complete() 15. DECEDENT'S EDUCATION (Specific york) representation and complete() 16. DECEDENT'S EDUCATION (Specific york) representation and complete york representation	4. SOCIAL SECURITY NUMBER 21.3—20—4540 1	4. SOCIAL SECURITY NUMBER 21.3—20—4540 1	4. SOCIAL SECURITY NUMBER 213-20-4540 5. SEX 1 M 2 F RAGE (by se, last birthday) F UNDER 1 YEAR 82 YRS. 80. PRACTITY NAME (if not institution, give street and number) 80. ECTY, TOWN OR LOCATION BALTIM 80. CITY, TOWN OR LOCATION WINGS MILLS 100. STREET AND NUMBER 15. SHAPED GLEN CT. 11. MARITAL STATUS 150. STREET AND NUMBER 15. SHAPED GLEN CT. 11. MARITAL STATUS 150. STREET AND NUMBER 15. SHAPED GLEN CT. 11. MARITAL STATUS 150. STREET AND NUMBER 15. SHAPED GLEN CT. 11. MARITAL STATUS 150. STREET AND NUMBER 15. SHAPED GLEN CT. 161. MORITAL STATUS 150. STREET AND NUMBER 15. SHAPED GLEN CT. 162. WIGGOVE ONLY Physical grade completed: 163. DECEDENT'S EDUCATION (Gleen kind of work down during most of works into a work down during most of	SOCIAL SECURITY NUMBER 2.13—2.0—4.5.40 1.	SOCIAL SECUNITY NUMBER 2.1.3 – 2.0 – 4.5 4.0 1.	4. SOCIAL SECURITY MANAGER 213-2-04-4540 10	** SOCIAL SECURITY MANUE (**) - 45-40. ** STALL STATUS S. PECCONTY BURGET STALL F. MORES 14 ME. F. ADEC OF BETTH AND COUNTY OF CO



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physician.	d be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
hay be retained by the hospital or attending	should be detached for use as the	it be notified at once.
nours after death. Page o may be re	d in by the funeral director, page 5 or removal.	medical examiner must be no
certificate be executed within 24 n	ttending physician and completely filled in by the funeral dil tal Hygiene prior to burial, cremation, or removal.	irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
It: The law requires that the death	ificate has been signed by the attent State Dept. of Health and Mental F	Item 23 shows any Injury, or
PITAL OR ATTENDING PHYSICIAN	ERAL DIRECTOR; After this certifica in 72 hours after death with the Sta	T. If Item 28 is marked, or
TO THE HOS	THE TUN	IMPORTAN

	FOR STATE REGISTRAR	STATE OF N			ITMENT OF			MENTAL	HYGIEN REG. NO.	E	Con J		
	1. DECEDENT'S NAME (First, Middle, Last)	CHARL	es 2/S /		ANCIS	ROSE		2. DATE O	2/-	10-21-	91 s	OGO M	
	4. SOMAL SECURITY NUMBER 468	5. SEX 1 M 2 D F	8. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7, DATE O (Month,		09	Country)	rginia	
TOR	99. FACILITY NAME (If not institution, give street Carroll county General Residence of December 1		spital		96. CITY, TOWN		EATH		sc. COUNTY OF DEATH Carroll County				
DIRECTOR	Maryland Carre	oll Coun	ty	10c. CIT	city, town or Location Westminster						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	106. STREET AND NUMBER 205 St Mark Way 11. MARITAL STATUS	12. WAS DECEDEN				2115	58			τ	JSA	AT COUNTRY?	
B	1 Never Married 2 Merried 3 Widowed 4 Divorced		YES 2 AR OR DATES		If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify:								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 + 2 Det 1 2 od						PATION 166. KIND OF BUSINESS/INDUSTRY Supervisor						
	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meidle, Mei									ern E.	Lect:	ric	
TO BE	10s INFORMANT'S NAME (Total Print) 10s MAIL INC. ADDRESS (Street and Mumber or Dural Goods Mumber of Dural Goo												
	20e. METHOD OF DISPOSITION 1 Burles 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD												
	21. SIGNATURE OF FUNERAL SERVICE LICE Ronald 91	Ronal	d Wade, 10-21					5		ANATON			
	23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only ona cau		8.		node of dy	ing, auc	h aa cardi	ac or reap	iratory arre	nt,	Approximate Interval Between Onset and Death	
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING b. Article Siche his Unschlare Disease DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
BY PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	contributing to	death but not	raaulting	in the underly	ng cause	given in	Part I.	24a. WAS AMPERFOR	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF I	DEATH (Ch	neck only one)				
PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 I	INJURY	28b. T#	JURY	NJURY AT VORK?		_		INJURY OCCL	PRED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE 0 building,	F INJURY At h	ome, farm,	street, factory, of	YES 2 (281. LOCA City o	TION (Street or Town, State	end Number o	r Rurel Ro	ute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER											and manner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER) (G)	Lun.)	. Data	29c. LIC	ENSE NU	MBER		≥ DATE	SIGNED (Month, Day, Year)	
•	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (IT	⊑M 27} (Typ	e, rnnt)								
	0.CT 24 1991 July	32. REGISTRA	AR'S SIGNATURE	A :									



should

BALTIMORE, MARYLAND 21215-0020	OING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1. 2. 3	nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE ADSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO WE HAVE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely	be ned within 72 poursylatter death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		(CERTIF	ICAT	E OF	DEATH AND		REG. N		7		
		ES EDMOND	PLAST	ER				MONT		DAY	YEAR	3. TIME OF DEATH	A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH			9:15 PLACE (Stote or For	elgn
	229-38-8666	1 \(\overline{M} \) M 2 \(\overline{F} \)	59	YRS.	MONTHS	DAYS	HOURS MIN.		y 19	1932	Country	'IRGINIA	
DIRECTOR	96. FACILITY NAME (If not institution, give s NATIONAL NAVAL M RESIDENCE OF DECEDENT		INTER		9b. CITY		HESDA	DEATN			NTG OM		
	106. STATE 105. COUNT VIRGINIA PRIN	v CE WILLIA	М	10c. CIT		NASS						10d. INSIDE CITY LIMITS? 1 YES 2XXI	NO.
\A	10e. STREET AND NUMBER				141		. ZIP CODE						
FUNERAL	8017 ASHLAND A					22110 UNITED STAT					STATES		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 1948	TYES 2	NO		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— if yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 1 YES 2 NO Specify: 14. RACE — American inc. Black, White, etc. Specify:					- American India: White, etc.		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								KIND OF E	USINESS/INI	DUSTRY		
COMPLET	5	5 U. S. NAVY								NSE			
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (Fir									n Surname)			
8									THA BEATRICE STURGILL				
5	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stere, Zip Code) NUMBER OF THE STATES SOLVE APT #8. MANASSAS, VA 2												
	20e. METNOD OF DISPOSITION 1 Surfer 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLAC	E AND DATE O	F DISPOS	ITION (Na	me of	DATE	20c. l	OCATION -	City or Tow	n, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Qu			National				riang	le, Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Baker Fune 9320 West St. Manassas, v									s, va	. 221	me 10	
	23. PART I. Ever the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Betwoonset and Double to (or as a consequence of): Approximate interval Betwoonset and Double to (or as a consequence of):										tween		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONS										
CERTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	BEOUENCE OF):								
PHYSICIAN: MEDICAL	PART ii. Other significant condition	s contributing to d	leath but no	t resulting in	tha un	darlying	cause givan in	Part I.		N AUTOPSY PRMED? 2 X NO		VERE AUTOPSY FINI WAILABLE PRIOR TO COMPLETION OF CA OF DEATN?	USE
AN	25. WAS CASE REFERRED TO MEDICAL												
SICI	EXAMINER?	HOSPITAL:	ER/Output		OTHER	t:	ACE OF DEATH (C)						
}	27. MANNER OF DEATH 1 X Netural 5 Pending	26e. DATE OF I (Month, Day	NJURY	28b. TIME	OF	28c. INJU	ik?	_		INJURY OC	CURED		
	2 Accident Investigation	Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Speciful							TION (Street Town, State	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
BY		building, e	, , , , , , , , , , , , , , , , , , , ,					d due to the cause(e) and menner ee atated.					
B	4 Nomicide determined 29e. CERTIFIER (Check only 1 X CERTIFYING PNYSH	CIAN: To the beat of n	ny knowledge,	death occurred	d at the ti	me, date	and place, and due	to the caus	se(e) and m	enner ee atat	ed.		- 1
COMPLETED BY	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of s	ny knowledge,	death occurred	d at the ti	me, date o	ath occured at the	time, date	se(e) and m	end due to th	e ceuse(e) e		ted.
B	4 Nomicide determined 29e. CERTIFIER (Check only 1 X CERTIFYING PNYSH	CIAN: To the best of s	ny knowledge,	death occurred	d at the ti	me, date o	end place, end due ath occured at the 29c. LICENSE NU	time, date	se(e) and m	29d. DATE	e ceuse(e) e	fonth, Day, Year)	ted.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

E BROWN, LT, MC, USNR NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20889-5000

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. EAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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_	HEGISTHAN					ICAL	: Ur	DEAL	н	REG. NO			
	1. DECEDENT'S NAME (First		M - C	11.					1	2. DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		Mae Si							10 22	91		6:30 P. M
	212-22-696	7	1 🗆 M 2 🗲 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year) 12 10 2	86	8. BIRTNP Country	PLACE (State or Foreign
æ .	9a. FACILITY NAME (If not in								ON OF DEAT	TN	9c. COUN	TY OF DE	ATH
용	RESIDENCE OF DEC	Oft S	treet			Baltimore							
DIRECTOR	Md.	10b. COUNT	Y		4	Y, TOWN O							10d. INSIDE CITY LIMITS?
¥	10e. STREET AND NUMBER						101	ZIP CODE			10g. CITIZ		1 XYES 2 NO
FUNERAL	330 Folc	roft S			21224						6	1.5.+	
B	1 Never Married 2 💢 3 Widowed 4 Divo		FORCES? 1	T EVER IN U.S. AR YES 2	MED IO	1	7 yes, sp	ENDENT O selfy Cuba 2 0 NO	n, Maxican, i	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE Black, Specify	American Indian, White, atc.
	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL O	CUPATIO	ON st of workin		16b. KIND OF BUS	SINESS/INDU	JSTRY	···/cocs
COMPLETED	Elementery/Secondary (0		College (1-4 or 5	life.	Do NOT us	se retired.)			g	Doxee	Food	1	
ᅙᆝ	17. FATNER'S NAME (First, M.							16. MOTH	ER'S NAME	(First, Middle, Maiden			
BE	Joseph	Weber						1	Mary !	Brannack	,		
စ္	Stuart F.	, ,		198	MAILING	ADDRESS	(Street a	nd Number	or Rural Rou	ite Number, City or Town	n, State, Zip	Code)	
	20a, METHOD OF DISPOSITI		van	200 00 000					eet B	Palto., Md.			
	1 Surial 2 Cremation 4 Donation 5 Other	(Specify)		20b. PLACE A	matory or of	ther place!	TION (Na.	me of	10-	25-91 Ove	cation - c		n, Stata
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	0			NAME AN	D ADDRES					,
	- Char	lu	D. Ze	Le		0	rarl	es S.	Zeil	er & Son	Inc.	Easz	tern Ave.
HIIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory errest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. Cardio respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initited events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
5	PART II. Other algnificat	nt condition	a contribution to	death but not a		- 45							1
MEDICAL	None			death out not n	isulting i	n tha un	derlying	ceuse g	Iven in Pai	24a. WAS AN / PERFOR	MED?	a c	VERE AUTOPSY FINDINGS WALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 1 NO
PHYSICIAN	25. WAS CASE REFERRED TO	MEDICAL											
2	EXAMINER?	MEDICAL	HOSPITAL:	ED/O-4-4-4		OTHER			ATH (Check				
	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME	Y-	ing Home 28c. INJU			Other (Specify)	HIBY OCCI	IDED	
2		Pending nvestigation	(Month, Di		INJU	JRY M	1 Y	ES 2 _		. DESCRIBE NOW IN	JOHY OCCU	MED	
		Could not be letermined	26a. PLACE Of building,	F INJURY — At hor etc. (Specify)	ne, farm, si	treet, facto	ry, office		28	of. LOCATION (Street as City or Town, State)	nd Number o	Rural Rou	ite Number,
	29a. CERTIFIER (Check only one)	FYING PNYSIC	CIAN: To the best of	my knowledge, des	th occume	d at the tir	ne, date e	end place,	end due to t	the cause(s) and man	ner as stated	i.	
3	2 MEDIC			emination and/or in	rvestigation	n, in my op	Inion, da	ath occure	d at the time	e, date end place, end	dua to tha	cause(a) e	and manner as stated.
4	296. SIGNATURE AND TITLE	1/1	Q a	nò					O420	R	29d. DATE	SIGNED (N	fonth, Day, Year)
	90. NAME AND ADDRESS OF		SOFTED LO	E OF DEATH (ITEM	27) / Type.	Print) AAc	,	-				1	
ľ	31. DATE FILED (MINN, Day, 1		32. REGISTRAI	T'S SIGNATURE	7	71/10	1	212	10				
	OCT 24	1991	fillialle	iles The	M								

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Fury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITA TO THE HOSPITAL OR ATTENDING PHYSICIAN: THE TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the StatumiMPORTANT: If item 28 is marked, or item

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	ICATE OF DE	EATH	REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Seymour	She	tzieh			10 21	1991	12.42 DM		
			(In yrs. lest birthday)	IF UNDER I YEAR IF I	INDER 24 HRS.	7. OATE OF BIRTH	A BIR	THPLACE (State or Foreign		
	579-40-0367	∑M 2 □ F	62 YRS.	MONTHS DAYS HOL	IRS MIN.	June 5, 1	929 New	v York		
	9a. FACILITY NAME (If not institution, give street	end number)		9b. CITY, TOWN OR LO	CATION OF DEAT					
Œ						in.	9c. COUNTY OF DEATH			
DIRECTOR	19910 Appledowne	Circle		Germanto	wn		Montg	omery		
ñ	10a. STATE 10b. COUNTY		toc. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY		
B	Maryland Mont	gomery	Ge	rmantown				10d. INSIDE CITY VIEW 17 11 YES 2 NO		
	104. STREET AND NUMBER			101, ZIP	COOE		40- 017/7511 00	WHAT COUNTRY?		
8	19910 Appledowre C	inclo			1874			S. A.		
FUNERAL										
	1 Never Married 2 Merried	2. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yee, specify	Cuben, Mexican,	ORIGIN? (Specify Yee Puarto Rican, etc.)	or No — 14. RA	CE — Americen Indian, ick, Whita, atc.		
B	3 Widowed 4XXDivorced	IF YES, GIVE WAR OR D	ATES	t TYES 2)(2	NO Specify:		Spe	White		
	15. DECEDENT'S EDUCATI	ION	184 DECEDENTIE	USUAL OCCUPATION		T		where		
	(Specify only highest grade con	npleted)	(Give kind of w	rork done during most of v	vorking	16b. KIND OF BUS	INESS/INOUSTRY			
7	Elementary/Secondary (0-12) 0	College (1-4 or 5 +)		lesman		1 :	a Dece in			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						r Busine	255		
BE	Max Shetzich					Melnick				
190. INFORMANT'S NAME (Type/Print) Carole A. Shetzich 190. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 2100 Lee Highway, # 107, Arlington, Virginia 22										
-	coloxe A. Shelzi	cn	2100 L	ee Highwai	1, # 10	7, Arling.	ton, Vir	iginia 22201		
i	20a. METHOD OF DISPOSITION	from State	PLACE AND DATE	FOISPOSITION (Name of		1 PATA 2 20c. LO	CATION — City or	Town, State		
İ	t N Buriel 2 Cremation 3 Removal 4 Donation R Dther (Specify)	Cert	notory of the Mount of L	tebahon Cen	netery.	1991 Hya	ttsville	Town, State 2, Maryland		
	21. SIGNATURE JE FUIL RAL LA ICE MICENS									
	Donald C	Drate.	Y	SIEIN HE	BKEW MI	EMORIAL FI	UNERAL F	NOME, INC.		
_		roun	corregic	232 CAR	COLL STI	REEI, N.W	, WASHI	NGTON, D.C.		
	23. PART I. Enter the diseases, or com ahock, or heart feliure. List	pilicationa that caused	d tha death. Do n	ot antar tha moda of	dying, such a	ar cardiac or reapi	ratory arrest,	Approximata		
								intarvai Betwaan Onset and Daath		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HYPERTENSIVE ARTERIOSCUEROTIC CARPLOVASCULAR OUE TO (OR AS A CONSEQUENCE OF): DISEASE										
- 1	a	OUE TO (OR AS A	CONSEQUENCE OF):	2110 9	010	200			
z						VISC	100			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
8	cause. Entar UNDERLYING							1		
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
눈내	reaulting in death) LAST									
빙	6									
A I	PART II. Other significant conditions conditions	ontributing to death b	ut not reaulting in	n tha undarlying cau	se given in Pa	ert 1. 24e. WAS AN		b. WERE AUTOPSY FINDINGS		
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						_ 1 X YES 2	U NO	DF DEATH?		
Σ						-		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00 Bt 400						
ᅙ	EXAMINER?	OSPITAL:		OTHER:	OF OEATH (Check					
≥ I	1 X YES 2 NO t [Inpetient 2 ER/Outp		4 Nursing Home 5		Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU		T 2	8d. DESCRIBE HOW IN	JURY OCCUREO			
à l	2 Accident investigation			M 1 TYES	2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, st	reet, fectory, office	20	Bf. LOCATION (Street e. City or Town, Stete)	nd Number or Aural	Route Number,		
COMPLETED	4 Homicide determined					City or lown, Stelle)				
ון ק	29e. CERTIFIER t CERTIFYING PHYSICIAN	N: To the best of my knowl	lados, daeth occurra	d at the time date and a						
Ž	one) 2 MEDICAL EXAMINER: 0	on the beside of examination	n end/or investigation	In my opinion, death o	sace, end que to	the couse(e) end men	ner se stated,			
8	and the same of th	0		, m my opinion, death o	ccoled at the tim	ia, date end place, end	due to the cause	(e) end menner as stated.		
H	296 SIGNATURE AND TITLE OF CHITCHEN	V.V.M	1	29c.	LICENSE NUMBE	R	29d, DATE SIGNE	D (Month, Day, Year)		
2	mm. Ha	WHI	1		O.C.M.	Ε.	10 2	2 1991		
	30. NAME AND AODRESS OF PERSON WHO CO	IMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)						
	MARIO F. GOLLE	JK. IM) 111 P	enn Stree	ot. Ra	ltimoro	Marvila	nd 21201		
	31. DATE FILED (Manth, Day, Year)	32. REGISTRANIS SIGN	ATURE		110	TIMULE	TIAT VIE	41/11		
	00124 1991	the days	andell.							

579-40-0367

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June 5, 1929 New York

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U. S. A.

Appledowne Circle

Montgomery Maryland

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12 Years

19910 Appledowne Cincle

Carole A. Shetzich

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Germantown

White

Silveman

Liquon Business

Max Shetzich

20874

2100 Lee Highway, # 107, Arlington, Virginia 22201

Celia Melnick

Mount Lebanom Cemetery 10/23 Hyattsville, Maryland

STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C.

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	TO THE HOSPITAL OF A PHICH AND SOUND THE law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR CONTINUES IN CONTINUES THE SECOND SIGNED by the attending physician and com-	90	1
	4		-	

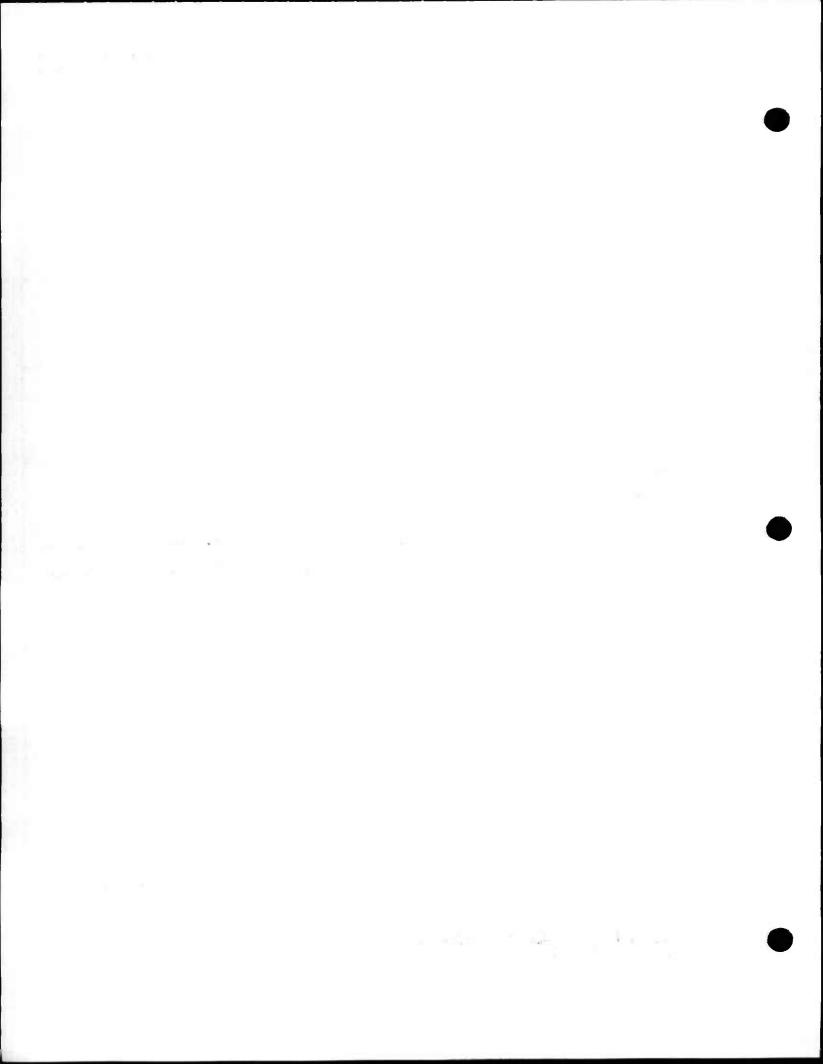
	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BETTY	L		SMITH	2. DATE OF DEATH DAY OCTOBER 2.	ĭ, 1995	3. TIME OF OEATH 12:40P
	4. SOCIAL SECURITY NUMBER 234-42-7651	1 🗌 M 2 💢 F	GE (In yrs. lest birthday) 63 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 15,1	927	Maryland
TOR	9a. FACILITY NAME (If not institution, give st Memorial Hospital RESIDENCE OF DECEDENT		Center	ob. CITY, TOWN OR LOCATION OF Cumberland	DEATH	9c. COUNTY 6	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Al	legany	10c. CITY	TOWN OR LOCATION Rawlings			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Rt. 3, Box 159			10f. ZIP CODE 215	57	10g. CITIZEN	USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2XNO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi- 1 YES 2 X NO Spec	can, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		JSUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUS	SINESS/INDUST	RY
OMP	10 17. FATHER'S NAME (First, Middle, Last)		Home	emaker	OW NAME (First, Middle, Malden	n Home	
BEC	Robert Kidd	У			sie Kif		
2	19a. INFORMANT'S NAME (Type/Print) Frank W. Smith,	Jr.		ADDRESS (Street and Number or Run Box 171 Keyse		n, State, Zip Cod 26726	(e)
	20a. METHOD OF DISPOSITION XXX Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		20b. PLACE AND DATE	OF DISPOSITION (Name	DATE 20c. LOC	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE &	At .	22. NAME AND ADDRESS OF	FACILITY 8	5 S. M	ain Street
or other traumant event, the medical examiner must	23. PART I. Enter the diseeses, or cahock, or heart failure.	complications that cau	sed the death. Do n				
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)		n eech line.	be the mode of dying, at		ratory arreat,	Interval Between
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR A	AS A CONSEQUENCE OF	n fron llate		ratory arreat,	Interval Between
DICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CHA- DUE TO (OR A	AS A CONSEQUENCE OF	m fron llate		AUTOPSY IMED?	Interval Between Onset and Death
MEDICAL	IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CHA- DUE TO (OR A	AS A CONSEQUENCE OF	m fron llate	In Part I. 24s. WAS AN PERFOR	AUTOPSY IMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
AN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algrifficant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR A DU	AS A CONSEQUENCE OF SA A CONSEQUENCE OF SA CONSE	the underlying cause given in the un	In Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH	a. DUE TO (OR / d. S. L.	AS A CONSEQUENCE OF AS A CONS	28. PLACE OF DEATH (OTHER: 4 Nursing Home 5 Residence EOF 28c. INJURY AT WORK? 1 YES 2 NO	In Part I. 24a. WAS AN PERFOR 1 YES 2 Check only one)	AUTOPSY IMED? XXXXVO	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
OCT 24 1991

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I					MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	ANNEL	IESE	SCHWAR	Z		2. DATE OF DEATH MONTH OCT. 19, 1	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	

SOCIAL SCORETY MARKET STATE OF CORPORATION AND ADDRESS	1	1. DECEDENT'S NAME (First, Middle, Last)		PCP CO	ים איזניו	7		2. DATE OF DEATH MONTH OCT. 19,	YEAR	3. TIME OF OEATH
BOUNDED HOUSE THE CONTROL CONTROL OF THE AMERICAN COLUMBIA SASS-50-827 IN SECURIT NAME (IT WINDLESS COLUMBAR) SASS-50-827 IN SECURIT N		4. SOCIAL SECURITY NUMBER								6:55 P. M
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THE STATE OF PROCEDURY THE STATE OF PROCEDURY MARYLAND HOWARD HOWA		9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN C	OR LOCATION OF DE			
STREET AND HAMSEES 6336 CEDAR LA. #371 1. MARTINISTRICES 1. MARTINI	TOR		NE, #371							
STREET AND HAMSEES 6336 CEDAR LA. #371 1. MARTINISTRICES 1. MARTINI	띭		TY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
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TYES, GIVE WARD ON DATES TYES, GIVE WARD ON DATES TYES, GIVE WARD ON DATES TYES 2	¥	and date and a little to be a little				10f	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Secretary Secr	NE.									A
SECURITY STATES STATE (PASSE) 18. SECOND ON PROPERTY STATES (PASSE) 19. SECOND ON PROPERTY STA			FORCES? 1	YES 2 N	MED	if yes, spe	ecify Cuban, Maxicar	n, Puerto Rican, atc.)	or No- 14. RA Bit	CE — American Indian, ack, White, atc.
ADOLPH LEVY 199. MALING ADDRESS (Street and Number of Plant Rands (Color) RABBI JOSEPH SCHWARZ 200. PLACE AND DATE of INDRA 1 1 Model of Color of Plant Rands (Color) 200. PLACE AND DATE of INDRA 1 2 COLUMBIA A, MD 21044 21 Support of Plant Service Lecenses 22 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 23 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 24 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 25 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 26 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 27 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 28 NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 29 NAME AND ADDRESS OF FACILITY SOLUTION & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 20 NAME AND ADDRESS OF FACILITY SOLUTION & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 20 NAME AND ADDRESS OF FACILITY SOLUTION & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 20 NAME AND ADDRESS OF FACILITY SOLUTION & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 20 NAME AND ADDRESS OF FACILITY SOLUTION & BROS. , INC. 6010 REISTRESTOWN RD. BALTO., MD 21215 20 NAME AND ADDRESS OF FACILITY 1 VES 2 NO NAME AND ADDRESS OF FACILITY 1 VES 2 NO NAME AND ADDRESS OF FACILITY 1 VES 2 NO NAME AND ADDRESS OF FACILITY 1 VES 2 NO NAME AND ADDRESS OF FACILITY RD PAYSICIAN. TO the best of my homeless of finger plants and place, and due to the causely and manner as stated. 20 Solution Color of the State NAME AND ADDRESS OF FACILITY RD PAYSICIAN. TO the best of my homeless of finger plants NAME AND ADDRESS OF FACILITY RD PAYSICIAN. TO the best of my homeless of finger plants		3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 TYES	2 NO Specify		Sp	
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RABBI JOSEPH SCHWARZ Same CEDAR LA. #371 COLUMBIA, MD 21044			T	198	MAILING	ADORESS (Street a	and Mumber or Purel C			
NOT NOT COME TO THE SIGNATURE OF CONTROL TO THE STATE OF THE STATE O	2		WARZ							1
THE DORSON S OTHER (SENDIN) CHECKE 12. NAME AND ADDRESS OF RECEIPTION OF FUNDERS OF STREET OF ST				20b. PLACE A	ND DATE C	F DISPOSITION (Na	me of	DATE 20c, LOC		
22. NAME AND ADDRESS OF PACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Chief the diseases, or complications this-caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batween Onset and Death Incentified Indiana. IMMEDIATE CAUSE (Final disease) or complications this-caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batween Onset and Death Indiana. Immediate Chief and Chief an		4 Donation 5 Other (Specify)		_ CHEVI	RA AF	AVAS CHI	ESED 10/2	21/91 RAI		
Approximate	1	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE			22. NAME AN	O ADDRESS OF FAC	CILITY		
Approximate mixers the diseases, or complications thin-caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, above, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURCE OF): Sequentially list conditions. I any, leading to immediate cause. Enter TUNDERTA, VINDERTAL CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOURCE OF): 4. DUE TO (OR AS A CONSCOURCE OF): 5. DUE TO (OR AS A CONSCOURCE OF): 5. DUE TO (OR AS A CONSCOURCE OF): 6. DUE TO (OR AS A CONSCOURCE OF): 7. DUE TO (OR AS A CONSCOURCE OF): 8. DUE TO (OR AS A CONSCOURCE OF): 9. DUE TO (OR AS A CONSCOURCE OF):		Tach !) De	271				•		MD 21215
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OCT 24 1991 Allia Buildon Bandage	D BE COMPLETED BY PHYSICIAN: MEDICAL	That Initisted events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inputant 2 26e. DATE OF (Month, Do building, SICIAN: To the best of ER: On the best of ER: On the best of ER:	desth but not re BER/Outpatient 3 INJURY ey, Year) F INJURY — At honetc. (Specify) my known and the internal interna	OOA 286. TIME INJURIES FOR THE STATE OF THE	26. PLI OTHER: 4 Nursing Home C OF 26c. INJ. JRY WOF M T Y Y Y Irrest, factory, office	ACE OF DEATH (Check of 5 Pasidence 8 17 18 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	PERFORI 1 YES 2 CK only one) B Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Town, State) to the cause(a) and manning, data and place, and	JURY OCCURED In No	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number,



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The state of the s	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.		
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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ay be retained by the hospital or attending physician. be find within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR Item: 17,	per Info	cmant G	-685 3/4 / DEPARTME ERTIFICA	1/92 1 NT OF 1	reb HEALTH AND		NE	1 2	9033
	1. DECEDENT'S NAME (First, Middle, Last)	ANNE	SLOTKI		IE OF	DEATH	2. DATE OF DEATH MONTH OCT • 20		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 227-48-9124 9a. FACILITY NAME (if not institution, give s	5. SEX 1 M 2 F	6. AGE (In yrs. le 86	YRS. MONTH		F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/14/19	05	Country)	ACE (State or Foreign
DIRECTOR	3601 FORDS LA.,			9b. C		OR LOCATION OF		9e. COI	JNTY OF DEA	тн
	MARYLAND 100. STREET AND NUMBER	Υ		10c. CITY, TOW	BALT	IMORE			1	Od. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	3601 FORDS LA.,	APT. 518	EVER IN U.S. A.	PMEO			215 ANIC ORIGIN? (Specify Y		USA	AT COUNTRY?
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 21	NO	If yes, sp	ecify Cuben, Mexi	cen. Puarto Ricen. atc.)	ee or No	14. RACE — Black, \ Specify:	- American Indian, White, etc. WHITE
PLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	, (C	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire DUSEWIFE	ne during mo	ON ost of working	16b. KIND OF 8			
BE COMPL	17. FATHER'S NAME (First, Middle, List) JACOB ROPMAN RO	ckman	110	JOSEWIF E			NAME (First, Middle, Maide		E.	
10	19e. INFORMANT'S NAME (Type/Print) MR. MICHAEL FRIE	DMAN	19	9210 HA	ESS (Street 6 RVEST	nd Number or Rura RUSH R	D. OWINGS	wn, State, Zi	S, MD	21117
	20 METHOD OF DISPOSITION 1 1 Burlet 2 Cremation 3 Rame 4 Donation 5 Other (Specific) 21. SIGNATURE OF FUND		cemetery co		(MISH		AEL SEC.)		/91 BA	
	fond	Sym			SO 6010	L LEVIN	SON & BROS	BALTO	- MD	21215
	23 MART I. Enter the disease, or canock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that List only one caus	csused the di e on each line							Approximats interval Between Onset and Dsath
NOI	Sequentially list conditions,	b	OR AS A CONSE	OUENCE OF:	chri	Vas	e Alas	eas	•	
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		OR AS A CONSE	Δ	Du	abide	1 .			
뜅	PART II. Other significant conditions	a contributing to a	leath but not	resulting in the	typ		usia	· ·		
PHYSICIAN: MEDICAL				in the		, casas green s	PERFO		AV CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	OTH	ER:	ACE OF DEATH (C	heck only one) 8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	; Ybar)	28b. TIME OF INJURY M	28c. INJI WOI 1 _ Y	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED	
ETED	3 Suicide a Could not be determined	bullaing, e	ic. (Specify)	ome, farm, atreet, fr			28f. LOCATION (Street City or Town, State)		e Number,
COMPLETED	(Check only one) 2 MEOICAL EXAMINER	CIAN: To the beet of m	ny knowledge, da mination and/or	inth occurred at the Investigation, in m	o time, data y opinion, de	and pleca, end du	a to the cause(e) end ma e time, date and place, e	nner ee ata	ted. ne cause(s) en	id menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	ley		878		29c, LICENSE NU D193	MBER / 7	29d. OAT	E SIGNED (MO	onth, Day, Year)

DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) OCT 24 1991

ALTIMORE, MARYLAND 21215-0020 - 05	death. Page 6 may be retained by the hespital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit.	examiner must be notified at once?
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	HE SENTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after	TO THE MISS. CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be near within 72 hours the death with the State Dept. of Health and Mental Hydiene prior to build resenation or senance	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event; the medical examiner must be notified at one 20 10 10 10 10 10 10 10 10 10 10 10 10 10

Padis 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO	_	
	1. DECEOENT'S NAME (First, Middle, Last) SYLVAN		ST	OLER		2. DATE OF DEATH DOCTOBER 2	0 . 199	3. TIME OF DEATH 1 10:45A
_	217-16-6833 9e. FACILITY NAME (If not institution, give street	M 2 GF	67 YRS.	ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF O	7. DATE OF BIRTN (Month, Day, Year) 1/11/192	8.	BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	THE JOHNS H RESIDENCE OF DECEMENT 10a. STATE MARYLAND BAI	OPKINS HOSE		BALTI TOWN OR LOCAT BALTI		TY		10d. INSIDE CITY LIMITS?
FUNERAL D	10a. STREET AND NUMBER 8204 ARODENE RI				ZIP COOE 21208		10g. CITIZEN USA	1 YES 2Y NO
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D WWII-AR	2 NO	If yes, spe	ENOENT OF NISPAI total Cuben, Mexico 24 NO Specif	NIC ORIGIN? (Specify Yea on, Puerto Ricen, etc.) y:	or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION	18e, DECEDENT'S US	SUAL OCCUPATION for during most retired.)	DN st of working	166, KIND OF BU		TRY
BE CON	17. FATNER'S NAME (First, Middle, Last) HARRY STOLER				18. MOTHER'S NA ANNIE	ME (First, Middle, Maiden SCHERR	Sumeme)	
TO E	MRS. SHIRLEY STOLE		19b. MAILING A 8204 A	RODENE I	RD. BAL	Route Number, City or Tow TIMORE, MD	n, State, Zip Coo 2120	
	20e METNOO OF DISPOSITION 1 A Burlel 2 Cremation Remova 4 Donation 5 Otto Specify) 21. SPONATURE OF TUNERAL SERVICE OF THE	M'	PLACE AND DATE OF retery, cremetory or othe LKRO KODE.	SH_BETH 22. NAME AN SOI	ISRAEL O ADDRESS OF FA L LEVINS	10/22/91 CN & BROS.	BALT,	or Town, State IMORE, MD
	23. PART I. Enter the diecases, or con ahock, or heart failure. Lia IMMEDIATE CAUSE (Final diaease or condition resulting in death)	t only one cause on e	ach line.	enter the mod	de of dying, auc	TOWN RD h as cardiac or reapi	ratory arrest,	Approximata interval Batween Onaet end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	t Zik	ne .			years
_	PART II. Other algnificant conditions of	ontributing to death b	ut not reaulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICA		OSPITAL:		THER:	ACE OF DEATH (Che	ack only one) 8 Other (Specify)		
ву рну	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y 28c. INJU WOF M 1 V	JRY AT	28d. OESCRIBE NOW II	NJURY OCCURE	EO
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atre	et, factory, office		28f. LOCATION (Street e City or Town, State)	nd Number or R	lural Route Number,
COMPLET	2 MEOICAL EXAMINER: (N: To the beet of my knowl On the beele of examination	edge, death occurred a end/or investigation,	nt the time, date on my opinion, de	end place, end due eth occured at the	to the cause(s) end man time, date end place, end	ner ee stated.	use(e) end menner ee stated.
BE (29b, SIGNATURE AND TITLE OF CENTURER	/	2		29c. LICENSE NUN	IDER .	29d, DATE SIG	GNED (Month, Day, Year)

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After t OR ATTENDING TO THE FUNERAL DIRECTOR: At the first within 72 hours after de IMPORTANT: If Item 28 is HOSPITAL

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	his certificate has been signed t	with the State Dept. of Health and Mi	pos

91 29035 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH October 17, 1991 Neal Jowny Robinson 8:10P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign Maryland 219-58-1996 1 M M 2 - F DAY8 HOURS 33 YAS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH FUNERAL DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 West Franklin Street 21201 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yee, specify Cuben, Mexicen, Puerto R 1 - YES 2 NO SpecifyBlack BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Unknown Disc Jockev Music 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Herman Rubin Robinson Grace Elaine White BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 714 S Charles Street Baltimore, MD 21230 Renold D Owens 20a. METHOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Western Star 10/24/91 Baltimore, MD 4 Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Maggalean Gilmore Henson Funeral Service c/o Chatman Harris. Funeral Home 1701 McCulloh St Maggalian 23. PART t. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart feilure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Desth diseese or condition Hypotension resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sepsis Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING Terminal AIDS
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury that initieted evente Dessiminated Mycobacterium Avium Intracelluare resulting in death) LAST PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Anorectal Herpes 1 YES 2 NO OF DEATH? AiDS Dementia Complex 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, .
City or Town, State) 8 Could not be

29a. CERTIFIER
(Check only one)

29 MEDICAL EVANISES. On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(e) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Lecen دوع 030300 ISS OF PERSON WHO COMPLETEN CAUSE OF DEATH (ITEM 27) (Type, Print) c/o Maryland General Hospital JOseph Wkwanyuo M. D.

EDITOR THE PARTY

				05 U5415U 4WD 4		91	29035
1	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	r YEA	
TO BE COMPLETED BY FUNERAL DIRECTOR	William	I homa			10 20		IRTHPLACE (State or Foreign
	4. SOCIAL SECURITY NUMBER 217-68-0281	5. SEX 6. AGE (In yrs. In: 1 □ M 2 □ F 32	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 7	1959 B	puntry))altimore
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
	Deaton medical Center Baltimore City RESIDENCE OF DECEDENT						
	10e. STATE 10b. COUNTY		Balto	R LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 913 VEVONIC	a Ave		101. ZIP CODE	5	10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO I	MAS DECENDENT OF HISPANI f yes, specify Cuben, Mexican YES 2 NO Specify:	, Puerto Rican, elc.)		RACE — American Indian, Black, White, etc. Specify Could
	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Rosette Parter						
	190. INFORMANT'S NAME (RyperPrint) 190. INFORMANT'S						
	20e. METHOD OF DISPOSITION 1 DI Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20e. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20e. LOCATION — City or Town, State 20e. LOCATION — City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MONCH THURST						
	Sula March 12200 wabash Ave						
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART i. Enter the diseases, or c shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the cliat only one cause on each life of the course of the client of the cl	MMune		/ 1		Approximate Interval Between Onset and Death
	Sequentially liet conditions, if eny, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):						
	c. OUE TO (OR AS A CONSEQUENCE OF):						
					5 Tax		24b. WERE AUTOPSY FINDINGS
	PART II. Other significant condition	1.5	reculting in the u	ngerlying cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Cardiony	ox a thy			1 _ YES	2 D NO	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
	EXAMINER?	HOSPIFAL:	3 DOA 4 Nu				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	RED
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al building, etc. (Specify)	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Numic City or Town, State)				Rural Route Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) end menner ee ateted.						
H	296. SIGNATURE NO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) 1/2/2/9/						
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) H (. Much The Min Coll 5 Charles St Zalfo, Md21230						
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE					

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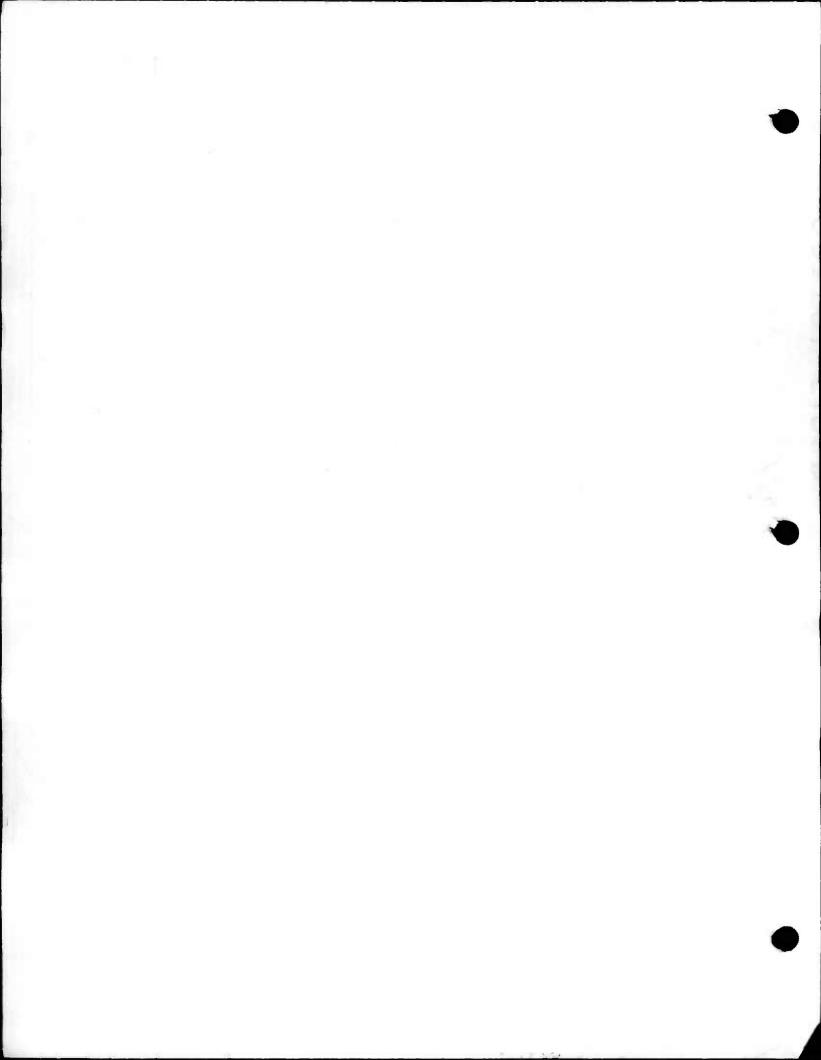
ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending newelland.	Me this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burishment name in page 4.9.9 secured	The source of death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal,	the case 2 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL.	TO THE FUNED.	be filled with 72 h	IMPORTMIT: C

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1 - STATE REGISTRAR		O / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MENT	AL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, MICHOLA, Ba	I M. I TALL	Will	MO	TE OF DEATH DAY TOBER 19	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 ⋈ M 2 □ F O	YRS. I I UNDER 1 YEAR MONTHS DAYS	HOURS MIN. (Mc	TE OF BIRTH Inth, Day, Year) 0-18-91	8. BIRTHPLACE (State or Foreign Country) Paruland
Sa. FACILITY NAME (If not institution, St. AGNES 140 RESIDENCE OF DECEDEN	soital	R 11.	nore, MD.	9c. 0	Balto, City
100. STATE Maryland B Maryland		10c. CITY, TOWN OR LOCA	ATION STE		10d. INSIDE CITY UMITS? 1 ▼ YES 2 □ NO
100. STREET AND NUMBER 3 90 4 Old 11. MARITAL STATUS 11. MARITAL STATUS	Frederick Roo	a Balto."	01. ZIP COOE 21229		CITIZEN OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES!	NO If yes, s	CENOENT OF HISPANIC ORIG pecify Cyban, Maxican, Puart S 2 NO Specify:	BIN? (Specify Yea or No-	
15. DECEDENT'S (Specify only highest to the secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during mille. Do NOT use retired.)	ION 19 19 19 19 19 19 19 19 19 19 19 19 19	Bb. KIND OF BUSINESS/	
17. FATHER'S NAME (First, Middle, Linst	Villiams		18. MOTHER'S NAME (First	, Middle, Maiden Surname	21 -
190. INFORMANT'S NAME (Type/Print), MINGDORA N	oble	3904 Fred	and Number or Rural Route Nu	mber, City or Town, State,	ZID COOLD HD. 21229
20a METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Companies Compan	Removal from State	CHAND DATE OF DISPOSITION (N	tark 100	120 + Ninci	City or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE MORANUT	Rober M	NO ADDRESS OF FACILITY	ust	book he
23. PART I. Enter the diseeses, shock, or heart felli	or complications that caused the	death. Do not enter the mine.	ode of dying, auch as ca	rdiec or reapiratory	
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	S. SEVERE DUE TO (OR AS A CON	[MMATURI	TY		Interval Between Onset and Death
Sequentielly list conditions, if sny, leading to immediate	bDUE TO (OR AS A CON-				
Sequentielly list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONS	SEQUENCE OF):			
	d				
. II DAOT II Other similaring					
CARL II. Other algoriticent condi	tions contributing to death but no	t resulting in the underlyin	g cause givan in Pert i.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CARL II. Other algniticent cond	tions contributing to death but no	t resulting in the underlyir	g cause givan in Pert i.	PERFORMED?	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	L	26. P	g cause given in Pert i.	PERFORMED?	AVAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	L HOSPITAL: 1 Minpetlant 2 - ER/Outpetlent	26. P	LACE OF DEATH (Check only one 5 - Raeldence 8 - Other	PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Outpetient 28a. OATE OF INJURY (Month, Day, Year)	26. PI 26. PI 27. PI 28. PI 28. PI 29. TIME OF 29. IN.	LACE OF DEATH (Check only of the state of th	PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	L HOSPITAL: 1 Inpetient 2 ER/Outpetient 28a. OATE OF INJURY (Month, Day, Year) on 28a. PLACE OF INJURY — At building, etc. (Specify)	28. Pl 3 DOA OTHER: 4 Nursing Hon 28b. TIME OF 18b. INJURY WC	LACE OF DEATH (Check only of the state of th	PERFORMED? 1 YES 2 NO one) or (Specify) SCRIBE HOW INJURY O	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	L HOSPITAL: 1 pertiant 2 ER/Outpetient 28a. OATE OF INJURY (Month, Day, Year) on 28a. PLACE OF INJURY — At building, etc. (Specify) d 1YSICIAN: To the best of my knowledge,	26. PI 3 DOA 4 Nursing Hon 29b. TIME OF INJURY M 1 home, farm, street, factory, office death occurred at the time, data	LACE OF DEATH (Check only of the state of th	PERFORMED? 1 YES 2 NO NOTE: Specify) SECRIBE HOW INJURY OF Town, State)	AVAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO POCCURED Per or Rural Route Number,
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	L HOSPITAL: 1 Inpatient 2 ER/Outpetient 28a. OATE OF INJURY (Month, Day, Year) on 28a. PLACE OF INJURY — At building, etc. (Specify) 4YSICIAN: To the best of my knowledge, #INER: On the basis of axamination and/	26. PI 3 DOA 4 Nursing Hon 29b. TIME OF INJURY M 1 home, farm, street, factory, office death occurred at the time, data	LACE OF DEATH (Check only of the state of th	PERFORMED? 1 YES 2 NO NOTE: SECRIBE HOW INJURY OF Town, State) RUBE(a) and manner as at a and place, and due to	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED DOOR OF RURBI ROUTE Number. Iteld. Ithe cause(s) and manner as stated. ATE SIGNED (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	L HOSPITAL: 1 Inpatient 2 ER/Outpetient 28a. OATE OF INJURY (Month, Day, Year) on 28a. PLACE OF INJURY — At building, etc. (Specify) 4YSICIAN: To the best of my knowledge, #INER: On the basis of axamination and/	28. Pi 3 DOA 4 Nursing Hon 29b. TIME OF INJURY M 1 1 home, farm, street, factory, office death occurred at the time, date or investigation, in my opinion, of the street of the stree	LACE OF DEATH (Check only one 5 Realdence 8 Off DIRY AT AND	PERFORMED? 1 YES 2 NO NOTE: The period of	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED Deer or Rural Route Number. teted. the cause(s) and manner as stated.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last) Victor B.	Alexand	er			2. DATE OF DEATH DATE OF 10 /23 /91	YEAF	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216 84 2070 9a. FACILITY NAME (If not institution, give	5. SEX 8. AGE 1 M 2 F 2	(In yrs. lest birthday) 8 YRS.		IF UNDER 24 HRS. NOURB MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 10/30/62	9c. COUNTY OF	THPLACE (State or Foreign intry) S.C. F DEATH
1327 N. Gilmo		10c. Cr E	Bal TY, TOWN OR LOCA Baltimo	TION			10d. INSIDE CITY LIMITS? 1 SYES 2 NO
10e. STREET AND NUMBER 1327 N. Gilmo 11. MARITAL STATUS 1 X Never Married 2 Married	ore St.	,	10	1. ZIP CODE 21217		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, ack, White, atc.
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		(Give kind of life. Do NOT u	s usual occupation work done during muse retired.)	out of working	16b. KIND OF BUS	SINESS/INDUSTR	
reroy perre	rson			Geor	ME (First, Middle, Malden gia M. Al	Lexande	
Mrs. Georgia		er	1327 N	. Gilmo	Route Number, City or Tow re St. Ba	alo., M	4d 21217
20a METHOD OF DISPOSITION 11 Burlel 2 Cremetton 3 Re 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	2 102 (2 -3 2 11)	other place) Balt	imore	Cemetery, crematory or Cemeter	y E	CATION — CHY OF	ore, Md.
James	a Morto	in	Jam	es A. M	orton & S ns St. Ba		Md. 21217
independent of the condition of the cond	· TOXE	1	MMUM 07:	ten Ly	uphomo ciency S		Interval Batweer Onset and Daet 2 Mos
PART II. Other algnificant condition	ona contributing to death	but not resulting	In the underlyle	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JUNO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	26b. TI	ME OF 28c. IN W	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	A.V 11 - 21	
3 Suicide 8 Could not b detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	building, etc. (Sp	ecify)			City or Town, State)	· · · · · · · · · · · · · · · · · · ·
(Check only one) 2 MEDICAL EXAMI	NER: On the besis of examinat	Ion and/or Investigat	ion, in my opinion,		time, data and place, a	29d. DATE SIGN	se(a) and menner as stated.
31. DATE FILED (Month, Day, Year) UC 25 1991	FINE DEW CASE	anature - Mandall	1) 110	YKIN	2 1103	06/1	7

DHMH-18 Rev 1/89



it. Pages 1, 2, 3 should

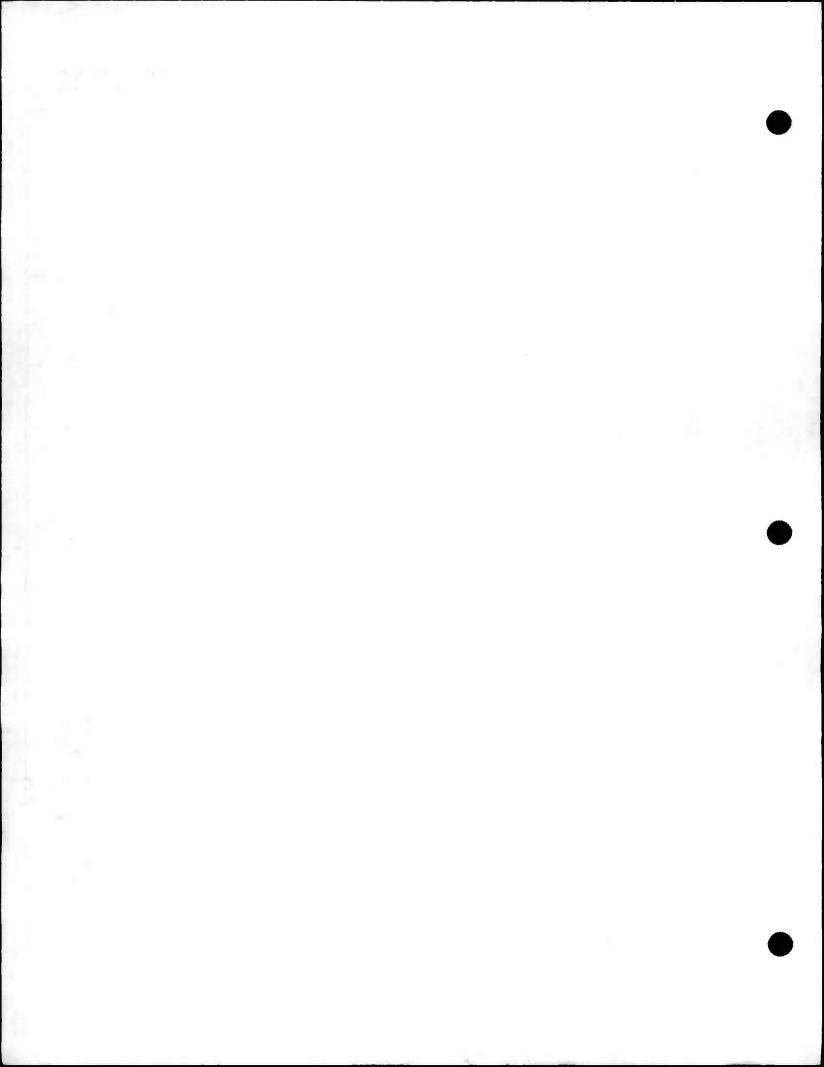
	Items: 23 p 1 - STATE G-681, 11/8/	9 Tours of MAILLE	~			MENTAL III	CILITE	
	REGISTRAR TEL: 1. OECEOENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	RE	G. NO.	
	ALFRED	EUGENE		BENNET	T	2. DATE OF DI	PAY 10	3. TIME OF DEATH 2:19 p M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI		
	212-56-8187 9a. FACILITY NAME (If not institution, give	1X M 2 F	38 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day. 4-1-19	^{16ar)} 53	8. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD.
TOR	#30 SOUTH BER	- 110 m	T	BALTI		EATH		ALTIMORE
DIRECTOR	MD .	Υ	10c. CITY	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
N.	30 SOUTH BERNICE				21229			USA.
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 ANO	If yes, sp	CENDENT OF HISPAT Decify Cuban, Mexica 5 2 NO Specify	n, Puerto Rican,	atc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
	15. OECEDENT'S EOU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/IND	
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	DRIVER		ost of working		CAB COMP	ANY
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	
HE OF	ARTHUR E. GLE	NN				MAE BE		
2	19a. INFORMANT'S NAME (Type/Print) WILLIE MAE JONE:	S			AVE BAL'			Code)
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem		b. PLACE AND DATE O	F DISPOSITION (Na			20c. LOCATION —	City or Town, Stata
	4 Donation 5 Other (Specify)	W	VESTERN S	TAR CEMI			CATONSVI	LLE, MARYLAND
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE D. BA	~/	JOSEPH		NN JR.	FUNERAL	HOME, P.A.
	23. PART I. Enter the diseases, or ahock, or heart failure.	Complications that caused List only one cause on a	d the death. Do n			DI. IAL	IU. MD. 21	223, P.O. BOX 4433
,	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Active B	acterial ntravenou a consequence of	Endocar us Drug	de of dying, auc	h ss cardiac o	r respiratory arr	223, P.O. BOX 4433 eat, Approximate Interval Between Onset and Death
	disease or condition	ACTIVE BOULE TO (OR AS A OUE TO (OR AS A	acterial ntravenou	Endocar us Drug	de of dying, auc	h ss cardiac o	r respiratory arr	eat, Approximata Interval Between
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. Due to I OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A	acterial ntravenou a consequence of a consequence of	Endocar us Drug):): n the underlying	de of dying, auch	Aortic	r respiratory arr	eat, Approximata Interval Between
MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Due to I Due TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. Due To (OR AS A	acterial ntravenou a consequence of a consequence of	Endocarus Drug	de of dying, such	Part I. 24a. 1	Valve Valve	Approximata interval Between Onsat and Dasth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	ACTIVE B. DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. HOSPITAL: 1 Inpetient 2 ER/Outp	acterial ntravenor a consequence of a consequence of a consequence of	Endocarus Drug	de of dying, such	Part I. 24a. 1	Valve Valve ANS AN AUTOPSY PERFORMED? YES 2 □ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES-2 \(\text{NO} \) NO
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 New 2 No. 27. MANNER OF DEATH 1 Natural Sympaching forwardigation	ACTIVE Book as a Due to I Due to (or as a Due to (or as a d. Due to (o	acterial ntravenor a consequence of a consequence of a consequence of a consequence of	Endocarus Drug 7: 7: The undarlying 26. PL OTHER: 4 Nursing Home M 1 Y	g cause given in ACE OF DEATH (Che 5 17 Residence URY AT (YES 2 NO	Part I. 24a. 1	Valve Valve	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES-2 \(\text{NO} \) NO
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural SPENDING Tavestigation 2 Accident 3 Suicide 8 Could not be determined	ACTIVE BOULE TO OR AS A b. OUE TO OR AS A c. DUE TO OR AS A d. HOSPITAL: 1 Inputient 2 ERVOULE 280. DATE OF INJURY	acterial ntravenou a consequence of a consequence of a consequence of but not resulting in	Endocarus Drug 7: 7: The undarlying 26. PL OTHER: 4 Nursing Home M 1 Y	g cause given in ACE OF DEATH (Che 5 17 Residence URY AT (YES 2 NO	Part I. 24a. Pock only one) 8 Other (Spec 28d. DESCRIBE	ANS AN AUTOPSY PERFORMED? YES 2 \(\text{NO}\) HOW INJURY OCC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES-2 \(\text{NO} \) NO
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTIVE BODIE TO (OR AS A DUE T	acterial ntravenou a consequence of a consequence of a consequence of a consequence of but not resulting in bettent 3 DOA 28b. Time inju	Endocarus Drug The state of th	g cause given in ACE OF DEATH (Che 5 \$7\$ Residence URY AT RK7 YES 2 \(\) NO	Part I. 24a. V Pock only one) 8 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town	NAS AN AUTOPSY PERFORMED? YES 2 NO NOW INJURY OCC (Street and Number, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES-2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 6 Could not be determined 7 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE ANO TITLE OF CERTIFIER CHARLES	ACTIVE BOULE TO (OR AS A DUE T	acterial ntravenou a consequence of a co	Endocarus Drug Drug Drug Drug Cornes 28. Pt OTHER: 4 Nursing Home OF 28c. INJI JRY M 1 Y Irrest, factory, office d st the time, deta n, in my opinion, de	g cause given in ACE OF DEATH (Che 5 \$7\$ Residence URY AT RK7 YES 2 \(\) NO	Part I. 24a. 1 Part I. 24a. 1 Dock only one) 8 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town to the cause(e) a	AAS AN AUTOPSY PERFORMED? YES 2 NO NOW INJURY OCC (Street and Number, State) and menner es state aca, and dua to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES-2 INO CURED Or Rural Route Number,
IO BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural Symmetric Natural Symmetry Natural Symmetric Natural Symmetry Natural Symmetric Natural Symmetry Natural Natural Symmetry Natura	ACTIVE BOULE TO (OR AS A DUE T	acterial ntravenous aconsequence of a consequence of a co	Endocarus Drug Drug Drug Drug Cornes 28. Pt OTHER: 4 Nursing Home OF 28c. INJI JRY M 1 Y Irrest, factory, office d st the time, deta n, in my opinion, de	g cause given in ACE OF DEATH (Che 5 TRESIDENCE URY AT RICT FES 2 NO and placa, end due eith occured at the 29c. LICENSE NUM O . C .	Part I. 24a. 1 MAS AN AUTOPSY PERFORMED? YES 2 NO My) HOW INJURY OCC (Street and Number of State) and menner as state aca, and dua to the 29d, DATE 1 0	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PEB- 2 NO PURED Or Rural Route Number, at cause(a) and manner as stated. E SIGNEO (Month, Day, Year)	



32. REGISTRAR'S SIGNATURE

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o.	ertificate
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ä	the
7	that
7	requires
_	WE
4	The
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be
NOISI	ATTENDING
	OR
	HOSPITAL
	JTE
	F

	10:1	mor	1 Rayllon		CERTII Brandt	ANO.	T			MONTH / C	2	AY	99 97	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUM 219-26-1205	5	5. SEX		n yrs. last birthday YRS.	MONTHS	DAYS	# UNDE	MIN.		OF BIRTN 2º2193	9	Coun	HPLACE (State or Fore try) Lto., Md.
OR	9a. FACILITY NAME (# not) Good Samari	tan H					9b. CITY, TOWN OR LOCATION OF DEATN Baltimore City			9c. COUNTY OF DEATN N/A		DEATN		
DIRECTOR	RESIDENCE OF DE 10a. STATE Maryland	10b. COUN				erry, rown or Location Baltimore								10d. INSIDE CITY LIMITS? 1 YES 2 N
FUNERAL	100. STREET AND NUMBER 2910 Clears						101	2123				10g. CITIZEN OF WHAT COUNTE		
B	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div		12. WAS DECED FORCES? IF YES, GIVE 4/29/57	ENT EVER IN 1X YES WAR OR DA	2 NO	11	f yes, sp	ecify Cub		en, Puerto I	C ORIGIN? (Specify Yea or No— Blac Blac Specify Specify Yea or No— Blac Blac Specify Yea or No— Blac Blac Blac Blac Specific Research Part Property			DE — American Indian ck, Whita, stc. city: 110
COMPLETED		CEDENT'S ED bly highest grad (0-12)	de completed)	ON 16a. DECEDENT'S USUAL OCCUPATION					sbest			11		
E COM	17. FATNER'S NAME (First, I Raymond J.		t, Sr.								Middle, Malder			
TO BE	190. INFORMANT'S NAME (ber, City or Tox			nd 21214
	1 Surial 2 Cremati	Mary F. Brandt 20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removed from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of Carrison Forest V.A. 20b. PLACE AND DATE of DISPOSITION (Name of Carrison Forest V.A. 20b. PLACE AND DATE of DISPOSITION (Name of Carrison Forest V.A. 20b. PLACE AND DATE of DISPOSITION (Name of Carrison Forest V.A. 20c. LOCATION — City or Town, State 3014 Hamilton Avenue, Baltimore, Maryland 21214												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 2120													
	23. PART L'Enter the	lur diseases, o	m. Ma	hat caused	ne death. Do	Jo 64	hn (C. M Bela	ille ir R	r, Ir oad,	Balti			
FICATION	23. PART Enter the ahock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition arm, leading to immediate. Enter UNDERL' CAUSE (Disease or in CAUSE (Disease	diseases, or heart failure inal	r complications to b. List only one complications to b. Due of the complete	TO (OR AS A	CONSEQUENCE	D not anter RON OF):	the mo	C. M Bela	ille ir Ro ylng, auc	r, Ir oad,	Balti	olretory ar	rrest,	ryland 21 Approximat
CERTIFICATION	23. PART Enter the ahock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY	diseases, or heart failure inai	r complications to b. List only one complications to b. Due of the complete	TO (OR AS A	CONSEQUENCE	D not anter RON OF):	the mo	C. M Bela	ille ir Ro ylng, auc	r, Ir oad,	Balti	olretory ar	rrest,	ryland 21 Approximat
MEDICAL	23. PART Enter the ahock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events	diseases, or heart failure inai	a. DUE	TO (OR AS A	CONSEQUENCE CONSEQUENCE	JO 64 P not anter OF): OF):	the mo	C. M Bela Oda of d	ille ir R ylng, auc	r, Ir oad, th as care	Baltidiec or resp	N AUTOPSY	FA	ryland 21 Approximat
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9c. COUNTY OF DEATH

8. BIRTHPLACE (State or Foreign

SOUTH CAROLINA

15

REG. NO.

2

2. DATE OF DEATH

7. DATE OF BIRTH

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IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Carroll

4. SOCIAL SECURITY NUMBER

250-16-3115

9a. FACILITY NAME (If not institution, give street and number)

LIBERTY MEDICAL CENTER

YRS.

IF UNDER 1 YEAR

DAVE

BALTIMORE

6. AGE (In yrs. last birthday)

73

O. Brown

5. SEX

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detached for use as the burial-transit permit. Pages 1, 2, 3 should FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 442 ROSEBANK 21212 USA inspital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—Il yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 X Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) 7TH PAPER HANGER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE BOYD BROWN CLARA LANE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANN BROWN 3849 ROLAND AVENUE, BALTO., MD. 21211 24 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

| Burlal 2 | Cremation 3 | Ramoval from State
| Donation 5 | Other (Specify) DATE LORRAINE PARK CEMETERY 10/24/91 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALAN SEITZ, JR. FUNERAL HOME Deile 3818 ROLAND AVENUE, BALTO., MD. 21211 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by Approximata ahock, or haart failure. List only one cause on each line. Interval Batween filled IMMEDIATE CAUSE (Final cremation, other traumatic event, the **Onsat and Death** disease or condition Muftandial
DUE TO (OR AS ADONSEOUENCE OF): INFarction completely resulting in death) burial, CERTIFICATION and Sequentisity list conditions, Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING physician SEPSIS CAUSE (Disease or Injury that initiated aventa resulting in death) LAST 6 signed by the atter Health and Mental shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO certificate has been the State Dept. of 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 TES 2 NO OTHER: etlant 2 - ER/Outpetlant 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED this 1 Natural death BY 1 YES 2 NO DIRECTOR: After 2 Accident Investigation 28 is r 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide S Could not be determined COMPLETED 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) hours after 4 Homicide MPORTANT: If Item 29a. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL I THE FUNERAL D 2 MEDICAL EXAMINER: On the basta of axamination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the ceuse(a) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) erance Clark 0 133203 223 10-21-91 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Boltmae. Md TERANCE Modic 001 25 1991 32. REGISTRAR'S SIGNATURE Savidson-Randell

Table > 10

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1	1. DECEDENT'S NAME (First	Bradby						2. DATE OF DEATH MONTH - 22 DAY 1			YEAR	3. TIME OF DEATH		
-	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les		IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH →Day, →back	_	8. BIRTHP	LACE (State or Foreign
										rginia				
æ	90. FACILITY NAME (If not institution, give street end number) 104 Kenilworth Pk. Dr. Apt4D 90. COUNTY OF D TOW								Tow:					
ECTOR	RESIDENCE OF DECEDENT													
DIREC	MD. Towson			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 104 Kenilworth Pk. Dr. Apt					10f. ZIP CODE					10g. CITIZEN OF			
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BY FUN	11. MARITAL STATUS 1 Never Married 2 5 3 Widowed 4 Div	•	FORCES?	WAR OR DATES	rmy	1	yes, sp		ın, Mexici	en, Puerto F	? (Specify Yei lican, etc.)	or No-	Black, Specify	- American Indian, White, etc. Black
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	Elementery/Secondary	(0-12)	College (1-4 or 5	i+) Inc	a. Do NOT u	se retired.)					Ed	lucat	ion	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Weldon D. Bradby								HER'S N/		Maiden Alle			
5 8	Alice H.		lby								Apt)4
	20a. METHOD OF DISPOSI	ion 3 🗌 Red	moval from Btate	20b. PLACI	E AND DAT	E OF DISP	OSITION	(Name		DATI	20c. LC	CATION	City or Tov	vn, State
	Comparison Com													
	·Don	etho	2 Hec	to #	281	E	L.	Phi]	Llip	s F	$^{\prime}$ HBa1	1-27 to.,	N.N MD.	Monroe St 21217
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)	haart fallure	a. AC			frl.	iÀ	1	ij	aich	tion	matory arr		Approximete interval Betwee Onset end Dee
CERTIFICATION	Sequentially list cond if eny, leading to imm cause. Entar UNDERL CAUSE (Disease or in that initiated events reaulting in death) LA	edieta YING jury	a. OUE 7	O (OR AS A CONSE	equence of	SUL	y o	of of	(A)	dry	by	pa	W	10-124 841
	PART II. Other algorific	cent condition	ona contributing t	o deeth but not	resulting	in the ur	deriyir	ng cause	given in	n Part I.	24a. WAS AF	AUTOPSY	24b.	WERE AUTOPSY FINDING
MEDICAL	lay.	py,	man de	emia	11					_	PERFO			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED	TO MEDICAL	T/				26. P	LACE OF	DEATH (C	heck only or	10)			
SIC	EXAMINER?		HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE		me 8 🖭	Residence	8 🗆 Othe	r (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation		Day, Year)	28b. TI	ME OF IJURY M	28c. IN W	JURY AT ORK? YES 2	NO	28d, DES	CRIBE HOW	INJURY OC	CURED	
8	a Decidate	Could not b	28e. PLACE	OF INJURY — At h g, etc. (Specify)	nome, farm	street, fac	ory, offi	ce		281. LOC City	ATION (Street or Town, State	and Number)	or Rural R	loute Number,
COMPLET	construction -		'SICIAN: To the best NER: On the besis of) and menner es stated.
TO BE C	29b. SIGNATURE AND TIT	1/1	Mum	Don	1			29c. LJ	ZO	SUMBER S		29d. DAT	E SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS	Vder	5. m. b	1 116	EM 27) (54	A. N	~	1	C		Ste	\$20	Bu	Mano
	31. DATE FILED (Month, De	" "UCT	25"1991	MAR'S SIGNATURE	Davido	n-Par	dell	3					1	21207

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

filled in by the funeral director, page 5 should be detached for use as the burial-transit

cremation, or

been signed by the attending physician and completely in the Health and Mental Hygiene prior to burial. crematic

has be Dept.

certificate h

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death v

FUNERAL DIRECTOR: After within 72 hours after death

permit. Pages 1, 2, 3 should

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<u> </u>	that
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7	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
VISION	ATTENDING
5	OR
	SPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 29043 FOR STATE REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Walter J. Covington DAY YEAR 07:43 AM Walter ovington 9 21 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 XM 2 | F YRS. 8 Carolina 231-38-3513 36 North 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR Baltimore Mercy Hospital 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1809 N. Payson 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 21217 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES ZYNO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 N Divorced Black 1959-1961 COMPLETED 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple ive kind of work done Do NOT use retired.) most of working Elemantary/Secondary (0-12) College (1-4 or 5+) Welder 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ल BE Walter C. Covington W. Hooper notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21215 Myrtis Heagins Coldspring Lane Baltimore, Maryland 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20a. METHOD OF DISPOSITION

1 String and Str must of cemetary, crematory or other place) Woodlawn, Woodlawn Cemetery Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St trus Chatman-Harris F/H Baltimore, Md 2121 event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) SUE TO (OR AS A CONSEQUENCE OF): Munionia other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 10 shows any injury. PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Infection tract 1 TYES 2 NO DF DEATH? 1 - YES 2 - NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1-Natural 5 Pending 1 YES 2 NO B Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide Item 29a. CERTIFIER DESCRIPTING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 121 9 9 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 6.6E125 Mair. of Orecan St Baltiman inital Mayland und 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

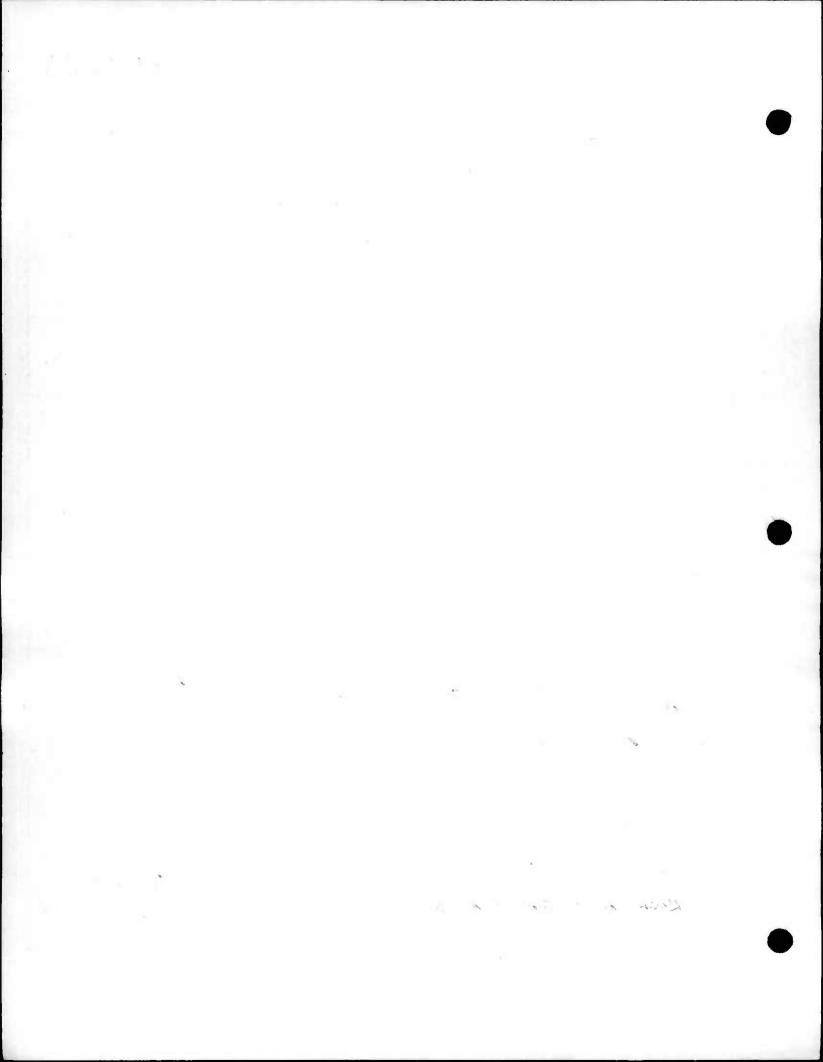
whia Davidson-Randall

The application of the second
	1 - FOR STATE OF MARYL REGISTRAR		MENT OF H		MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last) SUSANNE	ELIZABET			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 18 - 74 - 3100 1 M 2 F 4 Sa. FACILITY NAME (if not institution, give street and number)	6 (RS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 12 -04 - 4	14	Mar	yland
TOR	ROSE WOOD CENTER RESIDENCE OF DECEDENT			MILIS		Ba		ORE
- DIRECTOR	100. STATE 100. STREET AND NUMBER 100. STREET AND NUMBER		INGS M	ills				10d. INSIDE CITY LIMITS? 1 YES 2 PHO
FUNERAL	Reisterstown Rd. 11. MARITAL STATUS 12. WAS GECEDENT EVER IN	VII S ADMED		21117	IIC ORIGIN? (Specify	U.	S.A	
2	1 [X] Never Married 2 Married 1 [Yes, GIVE WAR OR D.	2X NO	If yes, sp		n, Puerto Rican, atc.)		Speci	E — American Indian, k, Whita, atc. iy: ite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		rk done during mo retired.)	N at of working	18b. KIND OF	BUSINESS/IND	USTRY	
BE COM	none 17. FATHER'S NAME (First, Middle, Last) Morgan L. Crocker	Depende	nt		ME (First, Middle, Maid eth G. Ge			
10 8	TEN. INFORMANT'S NAME (Type:Print) Letitia C. Swam			nd Number or Rural F	ock, P.a	Town, State, Zip	Code)	
	1 5 Burtal 2 Cremation 3 Tamoval from State	other place) arkwood C	emetery		91 F	arkvil		
	* Koneld Chelashi X		Ruck 1050	Towson Fork Rd.	uneral Ho	Md. 2	1204	4
	23. PART F Enter the diseases, or complications that cause shock, or hasnt fellure. List only one cause on e immediate CAUSE (Final disease or condition resulting in death)	ach lina.			h sa cardiac or re	epiratory erro	eat,	Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF		ary				
MEDICAL	DART II. Other eignificant conditions contributing to death be Sergure Disorder -5/P turns of the Thirty Herrogene Recurrent UTI's			cause given in Application of Acestory	PER	AN AUTOPSY FORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 15 Inpetient 2 ER/Outs		OTHER:	ACE OF DEATH (Ch	8 Cher (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28e, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 🗆	RK? 'ES 2 NO	28d. DEŞCRIBE HO			
ETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY building, etc. (Special Control of the	— At home, farm, st	reet, factory, offic		281. LOCATION (Str. City or Town, St		or Rural i	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination							a) and manner as stated.
IO BE	296. SIGNATURE AND TITLE OF CERTIFYER ROALES T. Haliera, my			D 224	ABER	29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	ROSEU	OOD CE	NTER	owir	931	rene red.

32. REGISTRAR

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STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
CI	ERTIFICATE	OF DEA	ГН		REG. NO

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEAL	TH AND MI	ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN PATRIC					2. DATE OF DEATH NONTH 20 91	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 100 14 1310 9a. FACILITY NAME (if not institution, give	- M Cl -	76 YRS.	ONTHS DAYS HOU	RS MIN.	7. DATE OF BIRTH (Morth, Day, War) 03 02 15 New York				
TOR	GREATER BALTIMO			TOWSON		H .	ALTIMORE			
DIRECTOR	MD BA	LTIMORE		TOWSON		10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER 305 E JOPPA ROAL	η ΔΡΤ 150Q		101. ZIP 0		1	1 ☐ YES 2XXNO			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO TES	13. WAS DECENDED	T OF HISPANIC	ORIGIN? (Specify Yea or Puerto Rican, etc.)	U.S.A. No- 14. RACE Black Speci	— American Indien, t, White, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12) High School	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of word life. Do NOT use n	k done during most of w etired.)	orking	16b. KIND OF BUSIN				
COM	17. FATHER'S NAME (First, Middle, Last)		Social		OTHER'S NAME	MT. WILS		e Employee		
H	Micha 19s. INFORMANT'S NAME (Type/Print)	el Cregon			Anne	Mah				
9	Mr. John P. Crego	n, Jr.		edar Avenu		dyshide, M		4		
	20a. METHOD OF DISPOSITION 1 💢 Burlet 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 6 🗀 Other (Specify)	novel from State 20b.1	PLACEANDDATEOF	pisposition(Name of place)			TION — City or To	7.12.54		
	21. SIGNATURE OF FUNERAL SERVICE LI		K:	Loring H	yers F	uneral Dir	ectors,	Inc.		
CERTIFICATION	23: PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) LUNG CANCER WITH METS DUE TO (OR AS A CONSEQUENCE OF): COPD DUE TO (OR AS A CONSEQUENCE OF): CURRENT OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death bu	t not resulting in t	the underlying caus	se given in Pa	PERFORME 1 YES 2	:D?	WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE O	F DEATH (Check	only one)				
	1 VES 2 NO 27. MANNER-OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 5	7 20	Other (Specify) 6d. DESCRIBE HOW INJU	W INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, atc. (Specif)	At home, farm, stre			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		ICIAN: To the beat of my knowled) end menner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIE	8 Jula	M. ?	29c.	LICENSE NUMBE	ER 26	od. DATE SIGNED	(Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	c C	1020	95.00	Stalet 1	26		
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGNAT	TOPE TOPE	olette :	Qc.	y and	USC	med_Jell		

DHMH-16 Rev 1/89

20 17	2			•
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10				
			6	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IN THE HUSPITAL OF ALLENDING PRINCIPAL: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TD THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	OERTIFICA	TE OF DEATH	MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Li	est)			2. DATE OF DEATH		3. TIME OF DEATH
	WILLIAM T	. DIXON M.D.			Oct. 2		8:00 P.M. M
	4. SOCIAL SECURITY NUMBER			NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	e. BIRT	INPLACE (State or Foreign
	213-38-7870	1 M 2 □ F 73	YRS. MON	HS DAYS HOURS MIN.	Feb. 2, 191	.8 Per	nsylvania
	9e. FACILITY NAME (If not institution, gi	ve street end number)	96.	CITY, TOWN OR LOCATION OF I		9c. COUNTY OF	-
BY FUNERAL DIRECTOR	13636 Poplar Hi	11 Road		Phoenix		Baltin	ore
E	10a. STATE 10b. COL		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
5	Maryland Ba	altimore	Phoe				LIMITS?
AL	10e. STREET AND NUMBER	2.11.11117712	PHOE	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
E	13636 Poplar H	Hill Road		21131		77 C 7	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yee o	U.S.7	E - American Indian.
7	1 Never Married 2 M Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		If yes, specify Cuben, Mexic 1 ☐ YES 2 X NO Spec		11.50	ck, While, etc.
		Korean W					White
COMPLETED	15. DECEOENT'S E (Specify only highest gr	rade completed)	16e. DECEOENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of working	16b. KINO OF BUSI	NESS/INDUSTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)			Medical	Doctor	
<u></u>	12 yrs. 17. FATHER'S NAME (First, Middle, Last)	13 yrs.	Physic				
		m Disson			AME (First, Middle, Maiden S		
R	William 19e. INFORMANT'S NAME (Type/Print)	T. Dixon	100 1441 100 400	Lillie	H. Crisfi		
2	Mrs. Patricia C.	Dixon	Same as	RESS (Street and Number or Rura	I Route Number, City or Town.	State, Zip Code)	
	20e, METHOD OF DISPOSITION	20b. F	PLACE AND DATE OF DIS	POSITION (Name of	OATE 20c, LOCA	ATION — City or 1	own State
	1 X Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	aney Valle	y Mem. Gds. :	10/25/91 Ti		Maryland
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	/	22. NAME AND ADDRESS OF F	ACILITY		-
	1 /2/	1/1/		Ruck Towson I			
	23. PART I. Enter the diseases,	or complications that caused	the deeth. Do not as	1050 York Roa	ad. Towson.	Marylan	
	anock, or neart Isliu	. List only one cause on each	ch line.	ner the mode of dying, au	cn es cerdiec or reapira	itory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	METHON	no ora	mar . A.	1000		Onset and Daath
	rasulting in deeth)	a. OUE TO (OR AS A C	CONSEQUENCE OF:	STATE CAN	700,0		
z							
5	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	CONSEQUENCE OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c,					
			CONSEQUENCE OF):				
H	that initiated evente	OUE TO (OR AS A C					
ERTIF	that initieted evente resulting in desth) LAST	OUE TO (OR AS A (
L CERTIFICATION	resulting in desth) LAST	d	t not reaulting in the	underlying ceuse given in	Part I. 24a WAS AN AI	ITOPSV 241	WERE ALTROPOV EINDALGE
		d	t not reaulting in the	underlying ceuse given in	PERFORM	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	resulting in desth) LAST	d	t not reaulting in the	underlying ceuse given in		ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	resulting in desth) LAST	d	t not reaulting in the	underlying ceuse given in	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PART II. Other significent condit	d.	t not reaulting in the		PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significent condit	d.	OTE	26. PLACE OF DEATN (C	PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significent condit	d	itent 3 DOA 4	28. PLACE OF DEATN (C	PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significent condit	d. Ilona contributing to death but HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	ient 3 DOA 4	26. PLACE OF DEATN (CI TER: Nursing Nome 500 Residence	PERFORM 1 YES 2 heck only one) 6 Other (Specify)	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significent condit	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Vear) 29e. PLACE OF INJURY	Jent 3 DOA 4 DOA 28b. TIME OF INJURY	26. PLACE OF DEATN (C HER: Nursing Nome 52 Residence 28c, INJURY AT WORK? 1 1 YES 2 NO	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 28d, DESCRIBE NOW INJ 28d, DESCRIBE NOW INJ	URY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent condit	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Vear) 29e. PLACE OF INJURY	Jent 3 DOA 4 DOA 28b. TIME OF INJURY	26. PLACE OF DEATN (C HER: Nursing Nome 52 Residence 28c, INJURY AT WORK? 1 1 YES 2 NO	PERFORM 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE NOW INJ	URY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent condit	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specify	28b. TIME OF INJURY	26. PLACE OF DEATN (C) TER: UNURING Nome 50 Residence 28c. INJURY AT WORK? 1 YES 2 NO Sectory, office	PERFORM 1 YES 2 beck only one) 8 Other (Specify) 26d. DESCRIBE NOW INJ 28l. LOCATION (Street enc. City or Town, State)	URY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER ODEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not to distermined 29e. CERTIFIER (Check only)	HOSPITAL: 1 nest of injury 28e. DATE OF INJURY Worth, Day, Year) 28e. PLACE OF INJURY be 28e. PLACE OF INJURY 28e. PLACE OF INJURY	lent 3 DOA 4 DOA 28b. TIME OF INJURY 1 DOA	26. PLACE OF DEATN (C. IER: Nursing Nome 50 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	PERFORM 1 YES 2 6 Other (Specify) 26d, DESCRIBE NOW INJ 26l, LOCATION (Street end City or Town, State) 6 the cause(e) and manner	URY OCCURED I Number or Rural or se stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER ODEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not to distermined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specify YSICIAN: To the beet of my knowled	lent 3 DOA 4 DOA 28b. TIME OF INJURY 1 DOA	26. PLACE OF DEATN (C. IER: Nursing Nome 50 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	PERFORM 1 YES 2 heck only one) 8 Other (Specify) 26d. DESCRIBE NOW INJ 28l. LOCATION (Street enc. City or Town, State) s to the cause(e) end menner of time, date end place, and of time, date end place, and of time.	URY OCCURED I Number or Rural or se stated, due to the cause(ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation invest	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY be be 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY At home, Jerm, street, dge, death occurred at the and/or investigation, in relationships to the angle of the angl	28. PLACE OF DEATN (CITER): Nursing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office re time, date end place, end during opinion, death occured at the complete set.	PERFORM 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE NOW INJ 28l. LOCATION (Street enc City or Town, State) s to the cause(e) and manner of time, date and place, and time, date and place, and time.	URY OCCURED I Number or Rural or se stated, due to the cause(AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation investigation of the condition o	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY be be 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY At home, Jerm, street, dge, death occurred at the and/or investigation, in relationships to the angle of the angl	28. PLACE OF DEATN (C) TER: Nursing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office The time, date end place, end during opinion, death occurred at the	PERFORM 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE NOW INJ 28l. LOCATION (Street enc City or Town, State) s to the cause(e) and manner of time, date and place, and time, date and place, and time.	URY OCCURED I Number or Rural or se stated. due to the ceuse(ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not 1 determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON 1	HOSPITAL: 1 Inpetient 2 ER/Outpet 200. DATE OF INJURY - building, etc. (Specify YSICIAN: To the best of exemination of FIER WNO COMPLETED CAUSE OF DEAT 6701 Charles	lent 3 OOA 4 OTP 28b. TIME OF INJURY At home, Jerm, street, dge, death occurred at the send/or investigation, in record of the send	26. PLACE OF DEATN (CITER: Nursing Nome 52 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office The time, date end place, end during opinion, death occurred at the 29c. LICENSE NU D 277	PERFORM 1 YES 2 beck only one) 8 Other (Specify) 28d. DESCRIBE NOW INJ 28d. DESCRIBE NOW INJ 28d. LOCATION (Street enc. City or Town, State) a to the cause(e) end menne bettime, date end place, and of	URY OCCURED I Number or Rural or se stated. due to the ceuse(ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions and the significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE OF INJURY - building, etc. (Specify YSICIAN: To the best of my knowled INER: On the best of exemination of FIER WNO COMPLETED CAUSE OF DEAT 6701 Charles 32. REGISTRAR'S SIGNAT	lent 3 OOA 4 OTP 28b. TIME OF INJURY At home, Jerm, street, dge, death occurred at the send/or investigation, in record of the send	26. PLACE OF DEATN (CATER: Nursing Nome 500 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office The time, date end place, end during opinion, death occurred at the cateron of the course of th	PERFORM 1 YES 2 beck only one) 8 Other (Specify) 28d. DESCRIBE NOW INJ 28d. DESCRIBE NOW INJ 28d. LOCATION (Street enc. City or Town, State) a to the cause(e) end menne bettime, date end place, and of	URY OCCURED I Number or Rural or se stated. due to the ceuse(ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

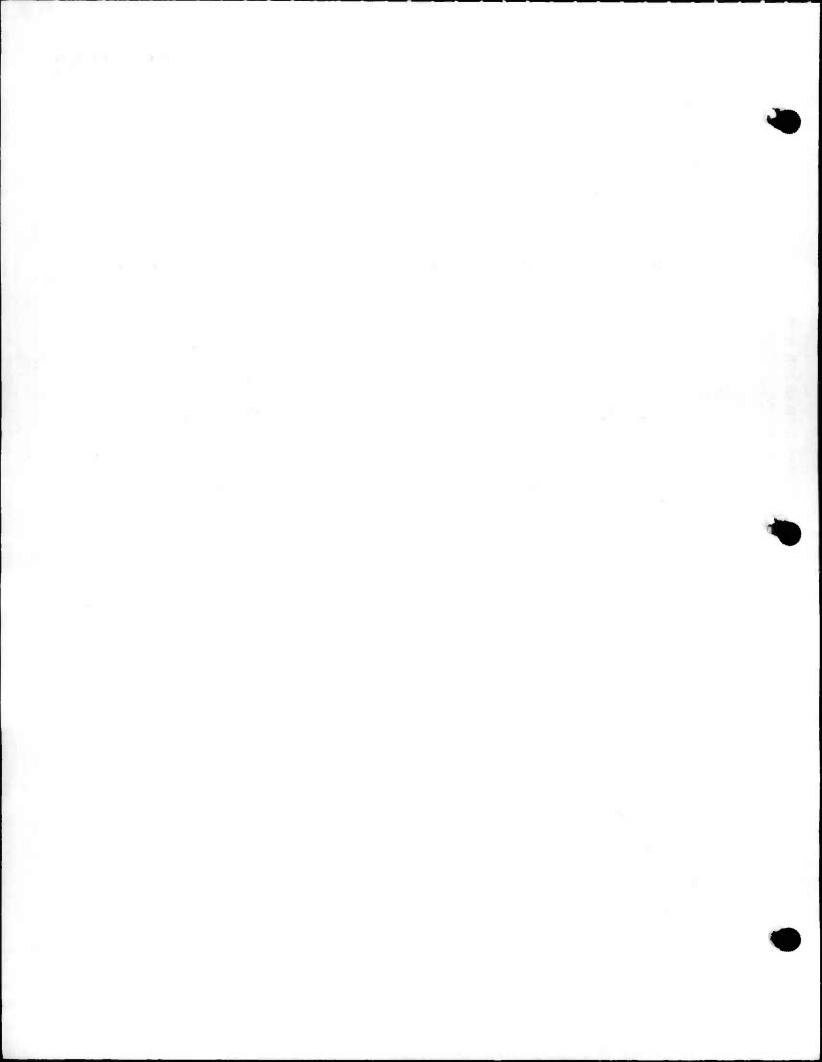
FRAI DIRECTOR	
ED BY FUN	
TO BE COMPLETE	
ERTIFICATION	
AL C	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	ESTELLE DELAUN	r v			2. DATE OF DEATH DA		3. TIME OF DEATH				
					10 22	1991	8:35P M				
	219-10-9638 1 M 2 K) F	MO	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Cou	TNPLACE (State or Foreign intry)				
	9a. FACILITY NAME (If not institution, give street and number)	90	CITY TOWN	OR LOCATION OF DE	10/29/1						
TOR	G.B.M.C6701 N. CHARL			WSON	АТН	9c. COUNTY OF					
DIREC	Maryland Baltimore	10c. CITY, TO	OWN OR LOCAT	TION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO				
AL	10e. STREET AND NUMBER		101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
EH	615 Chestnut Ave		2	1204		U.S.A.					
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 FYES, GIVE WAR (YES 2 NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: White								
빌	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USL	JAL OCCUPATIO	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-6 or 5+) Unknown	(Give kind of work life. Do NOT use re Clerical			Standar	d Oil					
BE CO	17. FATNER'S NAME (First, Middle, Last) George P. DeLauney			18. MOTNER'S NAI	ME (First, Middle, Maiden :	_{Sumame)} Brainar	rd.				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a		loute Number, City or Town	, Stete, Zip Code)					
۲	Pickersqill Home				son, Md. 2						
	20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donetion 8 Other (Specify)	206. PLACE AND DATE OF D cemetery, crematory or other Druid Ridd	ISPOSITION (Na place) TE	me of	DATE 20c. LOC 10-25 Pik	esville					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//		D ADDRESS OF FAC		Tu di					
	1/2 /21				'uneral Hom Towson, M		1				
	23. PART I. Enter the diseases, or complications that can	usad the death. Do not	antar tha mo	da of dying, such	as cardiac or reapir	atory arrest.	Approximate				
	attock, or maart failure. List only one cause t	n asch lina.					Interval Between				
NO	IMMEDIATE CAUSE (Final disease Dr condition resulting in dasth) a. Cardiau arrist Due TO (OR AS A CONSEQUENCE OF): Acrtic Stenssis Al collegative Heard Due TO (OR AS A CONSEQUENCE OF):										
FICAT	CAUSE (Disesse or injury C.	AS A CONSEQUENCE OF):			08	acteur					
CERTIFICATION	that initiated events resulting in death) LAST d	AS A CONSCOUENCE OF):									
AL (PART II. Other significant conditions contributing to das	th but not resulting in th	na underlying	cause given in i			b. WERE AUTOPSY FINDINGS				
MEDICAL	essential this	mbo cy.	toses		PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME		/					OF DEATN?				
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	07	28. PL	ACE OF DEATN (Che	ck only one)						
17S	1 YES 2 NO 1 Inpetient 2 YER/ 27. MANNER OF DEATH 28s. DATE OF IN.III	Outpatient 3 DOA 4	Nursing Home	5 - Realdence							
BY P	1 Natural 5 Pending (Month, Day, Ye 2 Accident Investigation	ar) INJURY	M 1 V	RK7 ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED					
	3 Suicide 8 Could not be 4 Nomicide 8 determined	URY — At home, farm, street Specify)	t, factory, office		281. LOCATION (Street or City or Town, State)	nd Number or Rural	Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge, death occurred at	the time, date	and place, end due t	to the cause(s) and mann	ner as stated.					
w II	29b. SIGNATURE AND THELE OF CERTIFIER	and and investigation, in	Thy opinion, as	29c. LICENSE NUM			Q (Month, Day, Year)				
10 B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27h/Arra Drie		1250	205	10	123/41				
	GBMC 6001	N. Charl	le Sh	reet							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S										
	1001 6	Windows - To	andella								

6, BALTIMORE, MARYLAND 21203-3146	within 2 years after death. Page 6 may be retained by the hospital or attending physician,	0 THE FUNERAL DIRECTOR: After this certificate in a permanent of the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dupt and manual Hygiene prior to bund, cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The property of the continued be executed within 2 ages after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has the continued by the figure physician and completely filled in by the filed within 72 hours after death with the State Dept. The complete physician build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLANI) / DEPAR	RTMENT	OF H	EALTH DEA	AND I	MENTA	L HYGIEN			29048
	1. DECEDENT'S NAME (First, Helen	Middle, Last)		G:i11:	iam					2. DATE MONT 1 0	OF DEATH	2 19	991	3. TIME OF DEATH 2:50 Pm
	4. SOCIAL SECURITY NUMBER 073-18-524		5. SEX 1	6. AGE (In yra	. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	397	a. BIRTH	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
FUNERAL DIRECTOR	Pleasant M	anor	Nursin	Cen-	ter	er Baltimore								
REC	10e. STATE	10b. COUNTY	Y		10c. CI	ry, town (10d. INSIDE CITY LIMITS?
<u> </u>	Md.	Bal	timore			Balti	mor	9						XIX YES 2 NO
₹.	10e. STREET AND NUMBER						101	ZIP COD						VHAT COUNTRY?
Ä	638 Brisban	е коа						212					J.S.F	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 MYdowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2/				ARMED (ZNO		li yes, sp		an, Mexica	in, Puerto	N? (Specify Ye Rican, stc.)	s or No—	14. RACE Black Speci	- American Indian, t, Whita, atc. fy: Black
		DENT'S EDU		16a	(Give kind of	work done	CCUPATIO	ON at of worki	ing	161	b. KIND OF BL	ISINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)					her					Educa	tion		
S	17. FATHER'S NAME (First, Mil		n-known							ME (First,	Middle, Malder	Surname)		
BE	19a. INFORMANT'S NAME (7)				19b. MAILIN	G ADDRES	S (Street a				nber, City or Tox	vn, State, Zip	p Code)	
2	Bruce B. Gil	liam			638	Bris	bon	e Rd	. Ba	ltim	ore, M	d. 2	1229	
	20a. METHOD OF DISPOSITE	ON		20b. PL	ACE OF DISPO							CATION -		wn, Stata
	1 ☐ Buriel 2/L/\Crematio 4 ☐ Donation 6 ☐ Other	n 3 ⊔ Rem (Specify)	oval from Stata		etro C	remai	tion	(0	ream	torv) B	altin	nove.	Md.
	21. SIGNATURE OF EMERICAL SERVICE LIGHTS Metro Cremation (Creamtory) 22. NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN COMM. P/ 12.06-08 W. NORTH AVE.										1-//	1		
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure.	. Severe a	items	ilne.	ic ca							rest,	Approximate Interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												*	
PHYSICIAN: MEDICAL CE	PART II. Other signification of the land o	nt condition	legus i ta		not resulting	resulting in the underlying cause given in Part i. 24a. WAS AN AUTO PERFORMED? 1 □ YES 2 □ N					RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	heck only o	one)			
YSI	1 TYES 2 NO		1 Inpetient 2			4 (10 Nu	reing Hon		Residence		er (Specify)			
F	27. MANNER OF DEATH 1 Neturel 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TI	JURY	W	DRK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
ΒY	2 Accident	nvestigation				М		YES 2	NO					
		Could not be datarmined	building	OF INJURY — I , atc. (Specify)	At home, lerm	, street, lac	tory, offic				CATION (Street y or Town, State		er or Rurel i	Route Number,
COMPLETED	CONSTRUCTION ONLY		ER: On the best of											a) and menner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	iR 0					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
0	Jaime	Tuna	alan	up				D19	5124			10	0/24	19,
7	Jaime Puna		O COMPLETED CAL	SE OF DEATH			R.d.			imo	re. M	ID 21		*;
i	31. DATE FILED (Month, Day, OCT 25 19	Year)	32. REGISTA	AR'S SIGNATU	RE Leve	<u> </u>	Ita	- / 1				41	1	



DHMH-16 Ray 1/89

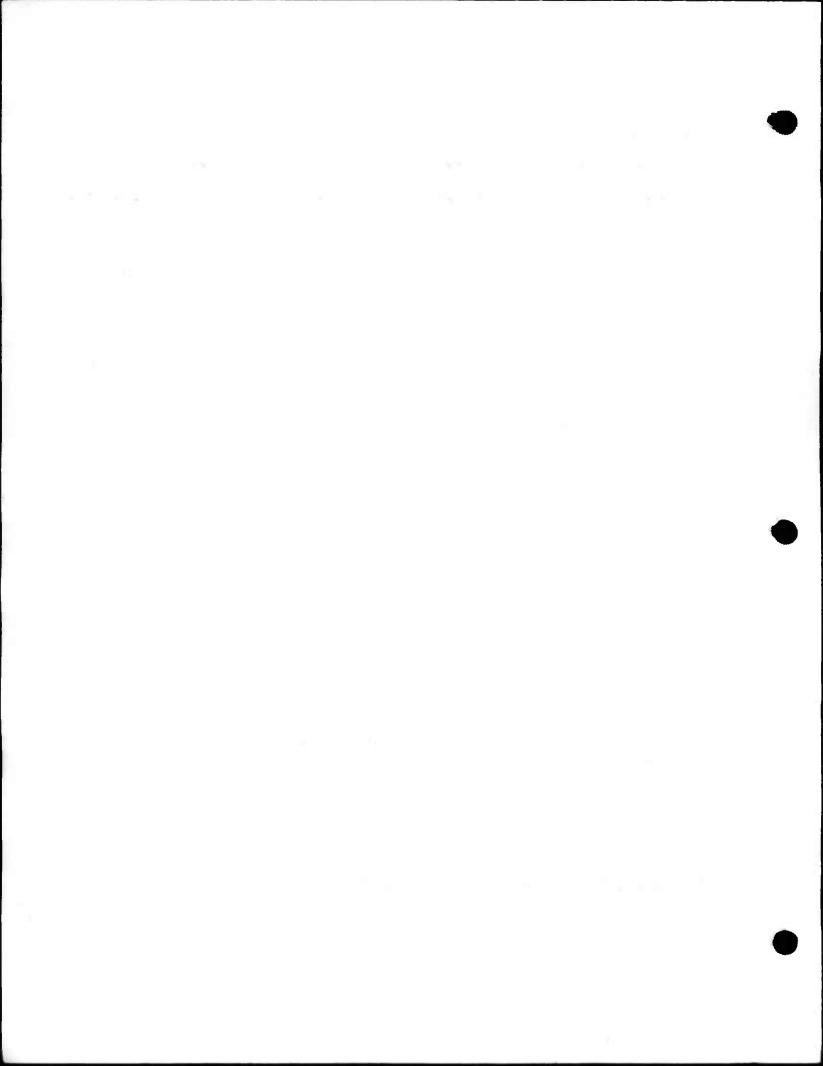
. "	-	2
BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pre-hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
146,	ted within	completel
X 13	De execu	ian and
80	tificate t	physic ene pric
P.0.	eath cer	attending rtal Hygi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the d	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ITAL	N: The la	State Deg
JF V	HYSICIAL	his certify
ONO	DING P	After the
DIVISI	OR ATTEN	DIRECTOR: hours after

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

i	Lewis, Goest	berry	LEWIS	L.	GOESBE	RRY)	MONTH	22 /	99/	10 02 Pm
	4. SOCIAL SECURITY NUMBER 217-09-7139	6. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	ny, Your)	8. BIRTHPL. Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		81		9b. CITY, TOWN	OR LOCATION OF D		2-10 9c. COL	INTY OF DEAT	HUe
DIRECTOR	MANOR CARE	NURS	ing t	OME	ROSS	uille,	MD	4	BALTI	MORE.
REC	10a. STATE 10b. COUNT	Y			Y, TOWN OR LOC					d. INSIDE CITY LIMITS?
	MD 100. STREET AND NUMBER			BAL	TIMORE	of, ZIP CODE		10g. CI	TIZEN OF WHA	YES 2 NO
FUNERAL	1027 CATHEDRAL	STREET				21201			U.S.	Α.
à	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED ()NO	Il yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 NO Specif	en, Puerto Rice	Specify Yea or No in, etc.)	Black, V	American Indian, Mila, atc. BLACK
	15. DECEDENT'S EDU (Specify only highest grad		16a.	DECEDENT'S	USUAL OCCUPAT work done during rise retired.)	TON nost of working	16b. KII	ND OF BUSINESS/IN		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	,	4 B O R E			I F	AGUE LI	IMRER	COMPANY
CO	17. FATHER'S NAME (First, Middle, Last)						AME (First, Midd	tle, Maiden Surname)		
B	SHELTON GOESB	ERRY		195 MAII ING	ADDRESS (Street	NUMBER OF RURAL			(o Code)	
임	HAZEL WESTMOR	ELAND		1027		DRAL ST				21201
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ref	noval from State	20b. PLA	CE OF DISPOS r place)		emetery, crematory or		20c. LOCATION -	- City or Town	, Stata
	4 Donation 5 Other (Specify)	JCENSEE	<u> </u>	HELL		AND ADDRESS OF FA	CILITY	BALTIM	ORE,	MD
	· Store	H	Y.C	me.	WM.	C.MARCH	F.H.	/1101 F	. NOR	TH AVE.
	23. PART I. Enter the diseases, or	complications the	t caused the	daath. Do	-		·			Approximete
	shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. Righ	OR AS A CON	relor	al I	ufar	th'or	2		interval Between Onset and Beath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CON							
MEDICAL	PERFORMED? 1 VES 2 NO OF								ERE AUTOPSY FINDINGS MILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2	
AN	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (C	heck only one)			
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	t 3 □ DOA	отныя:	ome 5 🗆 Residence		Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. TIN	JURY \	NJURY AT YORK? YES 2 NO	28d. DESCR	IBE HOW INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — Al atc. (Specify)	I home, farm,	street, factory, of	lica .		ON (Street and Numb Town, State)	er or Rural Rou	te Number,
COMPLETED	Dringer cray	SICIAN: To the best of								nd manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFI	MO COMPLETED SA	este	zk.	1111	29 LICENSE NU	962	5 P/	TE SIGNED (A	forith, Day, Year)
	31. DATE FILED (Month, Day, Year)	1.11	AR'S SIGNATUR	(ITEM 27) (Typ)	CK	Mid	B	3100 51 Celtura	ore;	15/5/21
	007	001	نب استدارا بث	No.	lelle					

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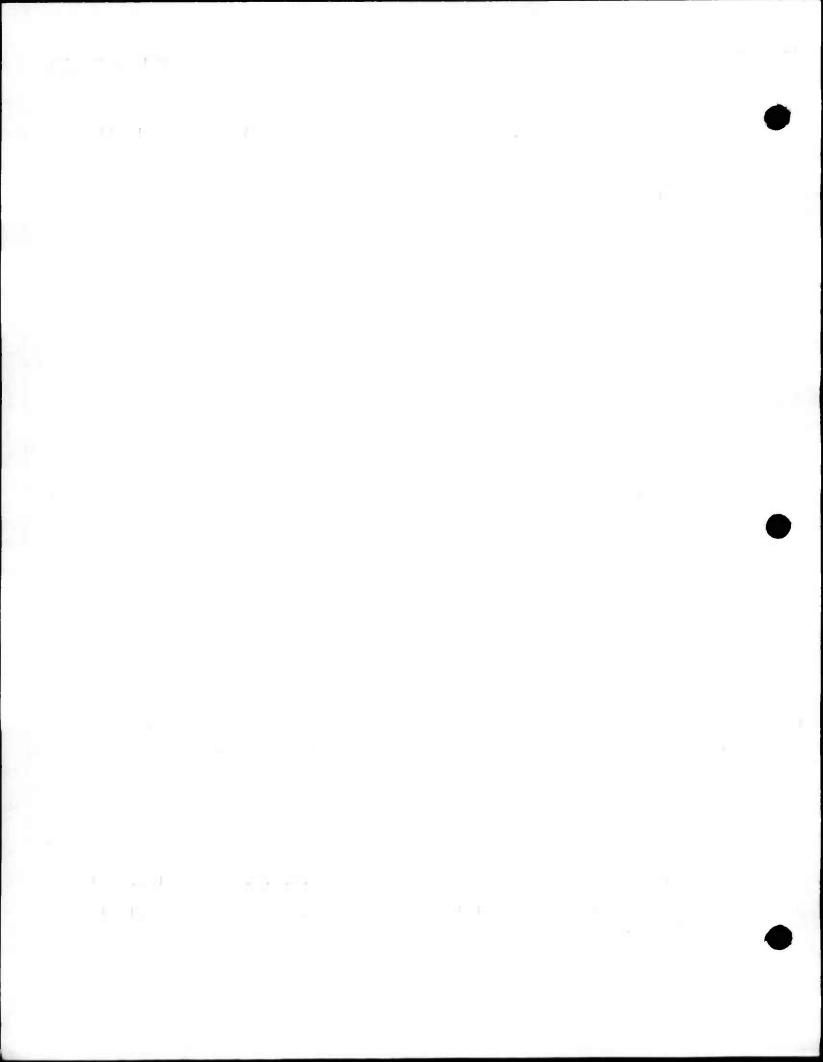


BALTIMORE, MARYLAND 21215-0020

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10 to 09 118	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	thed or item 23 shows any injury or other trainmatic event the medical exemines much he
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DELI PIECE	I, Cren	event
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Supplied.	Hygie	or of
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

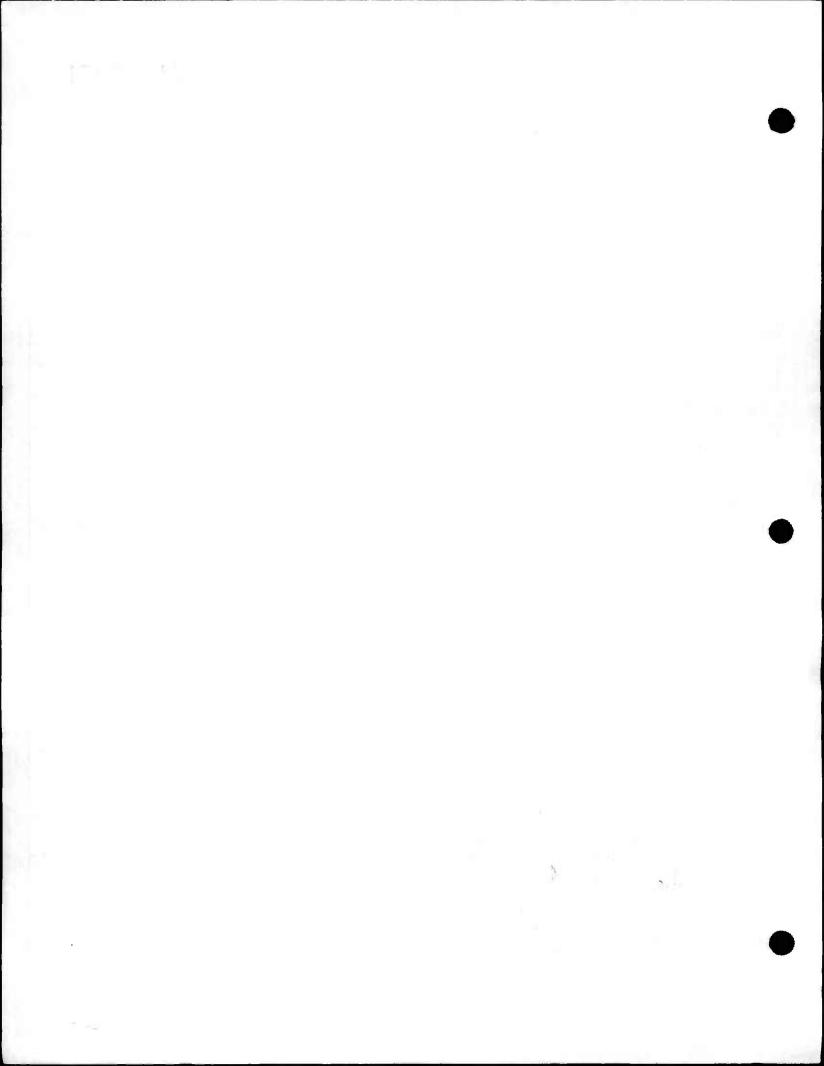
	Items:2 1 - STATE G-681 REGISTRAR	11/14	STATE OF	MARYL	AND / D	DEPART	TMENT OF	HEALTI	TANU	MENT				
	1. DECEDENT'S NAME (First	Middle, Last)	160		CEI	KIIFI	CATE O	F DEF	ИН	I a par	REG. N	0.		
	MARGARET		т			0	OTTED			MON	TH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (/	In yrs. last b		OWER I YEA	IF LIND	ER 24 HRS.	7 DAT	E OF BIRTH	2	9 1	HPLACE (State or Foreign
			1 M 2 XF		45		MONTHS DAY	_	-	(Mor	nth, Day, Year) - 19 - 4		Coun	try)
	9a. FACILITY NAME (If not in	astitution, give s	street and number)		47		9b. CITY, TOW	N OR LOCA	TION OF DE		- 19 - 4	_	MAK	YLAND
5						- 1				LAI II				
DIRECTOR	RESIDENCE OF DEC	EDENT					BALTI	MORE				BAL'	TIMO	ORE
2	1ARYLAND	10b. COUNT				10c. CITY	, TOWN OR LO	CATION			-			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	BAL	TIMORE											1 TYES 2 XNO
FUNERAL	SAME							10f. ZIP CO				10g. CIT		WHAT COUNTRY?
y.								1222					U	SA
	11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDEN	YES	2 🔼 NO	ED	If yes,	specify, Gut	en, Mexice	n, Puerlo	IN? (Specify Y	es or No-	14. RAC Blac	E — American Indian, ck, White, atc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE Y	MAR OR DA	ATES		1 🗆 Y	ES 2 NO	Specify	y:			Spec	
G	15. DEC	EDENT'S EDU	CATION		16a, DECE	EDENT'S L	JSUAL OCCUP	TION		16	b. KIND OF B	I I CINECC/INI		HITE
H		highest grade	College (1-4 or 5	4)	(Give	kind of wi	ork done during retired.)	most of worl	dng	"	D. KIND OF B	OSMESS/MI	DOSINI	
귤	12 YEARS	5		"	HOME	EMAK	KER			- 1				
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MO	THER'S NA	ME (First,	Middle, Maide	n Surname)		
BE (DEMBO	CZYK										
0 B	19a. INFORMANT'S NAME (7)			_	19b. A	MAILING A	ADDRESS (Stree	t and Numb	er or Rural I	Route Nur	nber, City or To	wn, State, Zi	o Code)	
F-	MR. JAMES	GUWE	₹		SF	AME								
	20e. METHOD OF DISPOSITI	ION	oval from State	20b.	PLACEAN	D DATE O	FDISPOSITION	Name of		DA	TE 20c. L	OCATION -	City or To	own, State
	4 Donation 5 Other	(Specify)		GR	EEN	MOUN	TO CEM				-25 B	ALTO	. MI	D.
	21. SIGNATURE OF TUNERAL	L SERVICE LIC	CENSEE /	,			Z2. NAME	AND ADDR	ESS OF FA	CILITY	NERAL	НОМ	_	
	Kain	mm	1 Min	21/1	MIA	Sin	2525	FIF	FT	STRE	FFT R		E. Mí	0. 21224
	21. PART L. Enter the di	seases, or	complications the	used	the desti	w				211(ALIO	• 111	J. ZIZZ4
	amount of the	eart feliure.	I lat auto a			n. Do no	ot enter the r	node of d	ving, auci	h ea cei	rdiec or real	niratory ar	res diff.	Approximate
			List only one cst	on ea	nch line.	in. Do no	ot enter the i	node of d	ying, auci	h ea cei	rdiec or rea	piratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fin		List only one cat	ue on ea	ich line.				ying, auci	h ea cei	rdiec or rea	piratory ar	reat,	
			e. Combi	ned	ich line.	Int	oxicat		ying, auci	h ea cei	rdiec or rea	piratory ar	reat,	interval Between
Z	disease or condition reaulting in death)	→ →	e. Combi	ned	Drug	Int	oxicat		ying, auci	h ea cei	rdlec or rea	piratory an	reat,	interval Between
TION	disease or condition resulting in death) Sequentielly list condition in any, leading to immediately in any leading	ons, dilete	e. Combi	ined (OR AS A	Drug	Int	oxicat		ying, auc	h ea cei	rdlec or rea	piratory an	reat,	interval Between
ICATION	disease or condition resulting in death) Sequentielly list condition	ons, dilete	e. Combi	Lned (OR AS A	Drug CONSEQUE	Interes of	oxicat :		ying, auc	heace	rdiec or rea	piratory an	reat,	interval Between
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L CERTIFICATION	disease or condition resulting in death) Sequentielly list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initieted eventa resulting in death) LAS	ons, dilete NG	e. Combi	OR AS A	Drug conseous conseous conseous	Int ENCE OF) ENCE OF)	oxicat	ion						Interval Between Onset and Deeth
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PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentielly list conditi if any, leading to immediate. Cause. Enter UNDERLY! CAUSE (Disease or injuit that initieted evental resulting in death) LAS' PART II. Other significe. 25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural	ons, diete NG ry T T D MEDICAL Pending	e. Combi	(OR AS A (OR AS A (OR AS A	Drug CONSEQUE CONSEQUE CONSEQUE ut not reed	Interest of the second of the	OXICAT :: :: :: :: :: :: :: :: :: :: :: :: ::	ng cause	given in	Pert I.	24e. WAS A PERFO	N AUTOPSY PRMED? 2 NO	24b	interval Between Onset and Deeth Onset Ons
BY PHYSICIAN: MEDICAL	Sequentielly list condition resulting in death) Sequentielly list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuit that initieted evental resulting in death) LAST PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident	ons, diete NG T T T T T T T T T T T T T T T T T T	e. Combi DUE TO b. DUE TO d. BUE TO D. B	(OR AS A (OR AS A (OR AS A (OR AS A)	Drug CONSEQUE CONSEQUE CONSEQUE ut not resu	Interest of particular interest in the interest of particular in the interest	OXICAT :: :: :: :: :: :: :: :: :: :: :: :: ::	ng cause	given in	Pert i.	24a. WAS A PERFO	N AUTOPSY PRMED? 2 NO INJURY OCI	24b	interval Between Onset and Deeth Onset O
BY PHYSICIAN: MEDICAL	Sequentielly list condition resulting in death) Sequentielly list condition from the cause. Enter UNDERLY! CAUSE (Disease or injuit that initieted evental resulting in death) LAST PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1 NATURAL STANDARD OF DEATH 1 Natural SACIONET 2 Accident 3 Suicide 8	ons, diete NG ry T T D MEDICAL Pending	e. Combi DUE TO b. DUE TO d. DUE TO d. A CONTRIBUTING TO HOSPITAL: 1 Inpetiant 2 26a. DATE OF (Month, D) FOUND 28a. PLACE O Building,	(OR AS A	Drug CONSEQUE CONSEQUE CONSEQUE ut not resu	Interest of particular interest in the interest of particular in the interest	OXICAT : : : : : : OTHER: 4 Nursing H OF 28c. RY 1	ng cause	given in	Pert I. lick only of Other 28d. DE Sub- City 28t. LOC	24a. WAS A PERFC 1/D/ES or (Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OC. OCK di	24b CURED YUGS	interval Between Onset and Deeth Onset O
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list condition resulting in death) Sequentielly list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuit that initieted evental resulting in death) LAS' PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? "XYES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 8 CONTROLL CON	ons, diete NG ny T T T T T T T T T T T T T T T T T T	e. Combi DUE TO b. DUE TO c. DUE TO d	(OR AS A	CONSEQUE CONSEQUE CONSEQUE CONSEQUE At home, fly)	Interest of participation of the control of the con	e coxicat :: :: :: :: :: :: :: :: :: :: :: :: :	PLACE OF SUBSTITUTE AT TORK? YES 2 lice ta and place death accurate and place death accurate.	given in DEATH (Che lanidence NO a, and due	Pert I. Deck only of a Other 28d. DE Sub- 28t. Lor Chy Balt to the cattime, detri	24a. WAS A PERFO 1/DVES or (Specify) SCRIBE HOW ject t CATION (Street or Town, State t imore	N AUTOPSY PRMED? 2 NO INJURY OC. OK d and Number 9 601 printer as state	24b CURED YUGS or Rural Good	interval Between Onset and Deeth Onset on Onset
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the byrist-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

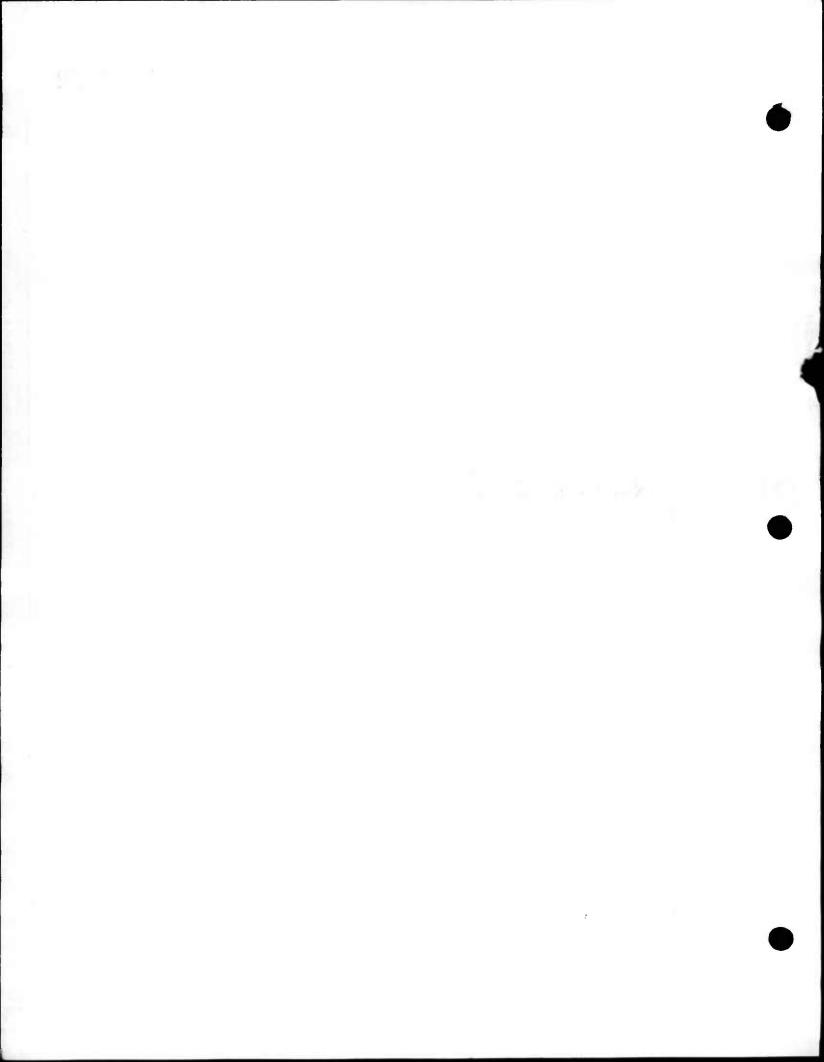
IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) AGNES GRABECKI 2. DATE OF DEATH MONTH MONTH 10 18 91										
	4. SOCIAL SECURITY NUMBER 215-09-1154	1 🗆 M 2 🗗 F		F UNDER 1 YEAR IF UNDER CONTHS DAYS HOURS		TH 8.	BIRTHPLACE (State or Foreign Country) 1 ARYLAND				
TOR	9a. FACILITY NAME (If not institution, give st FSK-HOSP/TAL) RESIDENCE OF DECEDENT	reet and number)		BALTIMORE 8c. COUNTY OF DEATH BALTIMORE BALTIMORE							
DIRECTOR	MARYLAND 106. COUNTY			IMORE		10d. INSIDE CITY LIMITS? 1 ☒ YES 2 ☐ NO					
FUNERAL	100. STREET AND NUMBER 7303 KIRTLEY RO	AD		21224			N OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT O	n, Mexicen, Puerto Ricen, e	HSPANIC ORIGIN? (Specify Yes or No— 14. RACE — Black, \ Specify: H H H H H H H H H					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8 YEARS 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER										
	17. FATHER'S NAME (First, Middle, Last) JOHN VALIS SR.			18. MOTH	IER'S NAME (First, Middle, I	Maiden Surneme)					
TO BE	19e. INFORMANT'S NAME (Type/Print) MS THERESA BES	SER	196. MAILING AT	DDRESS (Street and Number	or Rural Route Number, City	or Town, State, Zip C	ode)				
	20a. METHOD OF DISPOSITION 1 \(\times \) Muriel 2 \(\times \) Cremation 3 \(\times \) Rem 4 \(\times \) Donation 5 \(\times \) Other (Specify)	oval from State	20b. PLACE AND DATE Of Cornetary. Cremetory or STAN	F DISPOSITION (Name other place) SLAUS CEM		BALTO	CITY MD.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	to suou	di	RACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 2122							
CERTIFICATION	23. PART Length the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, approximate interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence of):										
MEDICAL	PART II. Other algnificant condition	a contributing to deet	but not resulting in	the underlying cause (MAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 1 Propertient 2 EN/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specific)										
ву рну	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Pending 28d. DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO										
8	2 Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.										
TO BE 0	296. SIGNATURE AND TITLE OF CENTURES 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10 18 91										
	30. NAME AND ADDRESS OF PERSON WHO	E M.D., FS	K-HOSPITA	the BALTIA	IORE, MD						
	OCT 25 1991	Julia Davidson	handell								



TIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF M	IARYLAND) / DEPAI	RTMENT OF	F HEALT	H AND	MENT			2	905	2
	1. OECEDENT'S NAME (First, Middle, Last)			3-11.	10/11=	/1	ATT		REG. NO.			3. TIME OF DE	FATH
	Anna K. Gardyan							MON			YEAR	4:20	Р. м
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	last birthday)			IDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHP	LACE (State or	
	216-20-0450	1 🗌 M 2 🔀 F	94	YRS.	MONTHS DAY	Y\$ HOUR	MIN.		nth, Day, Year) -26-189	7	Country) Balto)., Md	
~	9e. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TOW					9c. COUN	TY OF OE		•
ĮŌ,	5518 Belair Road				Baltim	ore (City			1	N/A		
DIRECTOR	10a. STATE 10b. COUNTY	Y		10c. Cl	TY, TOWN OR LO	CATION						10d. INSIDE CI	ту
1	Maryland N/A			Ba.	ltimore	City	Y					LIMITS?	
1AL	10e. STREET AND NUMBER					10f. ZIP CO	ODE			10g. CITIZ		HAT COUNTRY	
FUNERAL	5518 Belair Road					2120)6			U.S.	.A.		
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1 [YES 2					NIC ORIG	iN? (Specify Yes	or No-	14. RACE - Black,	- American in White, etc.	idlen,
ВУ	3∕ Widowed 4 □ Divorced	IF VES GIVE WAR OR DATES					ES 1 ☐ YES 2 🕍 NO Specify:						
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a.	OECEDENT'S	S USUAL OCCUP	ATION		16	5b. KIND OF BUS		White	3	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u	work done during use retired.)	most of wor	irking						
MP	4th Grade		Se	eamstr	ress				G.D. Cl	Lothie	ers		
00	17. FATHER'S NAME (First, Middle, Lest)								, Middle, Maiden	Sumame)			
BE	Peter Zajaczkowsk	11					len Bi						
2	194. INFORMANT'S NAME (Type/Print) Anna G. Lucas				G ADDRESS (Stre							27.206	
	20e. METHOD OF DISPOSITION				Bayonne		lue, r	_					
	V Buriel 2 Cremetion 3 Hemo	ovel from State	cemetery,	cremetory or c	of disposition other place)	(Name of			74 Do 14				
	21. BIGHATURE OF FUNERAL BERVICE LIC	CENSEE	11	Stari	22. NAME	E AND ADD	RESS OF FA	CILITY	24 Balt	LMore	e, Ma	iryLand	<u>k</u>
	· U-and	R-Koi	///	l Sugar	John	C. M	liller	r, I	nc.				
	6415 Belair Road, Baltimore, Maryland 21206												
	silock, or lifest fellule.	List only one caus	se on each il	death. Do i ine.	not enter the	mode of d	dying, suci	h ss ca	rdiec or respi	ratory arre	st,	Approxi	mate Between
	IMMEDIATE CAUSE (Finel disease)											nd Death	
	resulting in death)	eaulting in death) a										as.	
z	Cathrass Clarking Carling and less der											ul	
5 5	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease or injury	C											
Ħ	that initiated events resulting in deeth) LAST	OUE TO (C	OR AS A CONS	EQUENCE OF	F):								
CERTIFICATION		d										-	
AL	PART II. Other algnificent conditions	s contributing to d	leeth but no	t resulting	In the underly	ying ceuse	e given in	Part i.	24a. WAS AN	AUTOPSY		VERE AUTOPSY	
	none.								PERFOR		C	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME										L		F DEATH?	NO NO
ÿ													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	DEATH (Che	eck only c	ine)				
IYSI	1 TYES 2 THO	1 Inpatient 2 I			OTHER: 4 - Nursing H	iome 5 🗆 i	Realdence	6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	AJURY (, Your)	28b, TIM INJ	JURY	INJURY AT WORK?		26d. DE	SCRIBE HOW IN	JURY OCCU	JRED		
B	2 Accident Investigation	28- PLACE OF	IN HIDV _ At			YES 2	□ NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, at	ic. (Specify)	nome, serm, s	street, factory, of	fice		28f, LOI	CATION (Street at or Town, State)	nd Number o	r Runal Rou	ite Number,	
9	29a. CERTIFIER							-					
₽ E	(Check only one) 2 MEDICAL EXAMINES	CIAN: To the best of m	ry knowledge, s	death occurr	ad at the time, d	ate and pled	ce, end due	to the ca	iuse(s) and mani	ner ae atatec	J.		
	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER		minimum energy	* Investigatio	n, in my opinion				a and place, and				
BE		•				29c, LK	CENSE NUM	IBER		29d. DATE	SIGNEO (M	forth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE	OF OFATH (IT	> (5ma	Delet)	1	11666	9		/ /	1/22	./7/	
	Dr. Albert Herrman	nn. 5525	Belair	· Road	Balt	imore	Mar	יב[זי	าสี				
	"OCT 25 1991 g	rula Javidson	S STEVATION	2000	, bara	TIDIE,	, PRIL	утаг	Id				
	00120 1991	CONTO CONTRACTOR											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

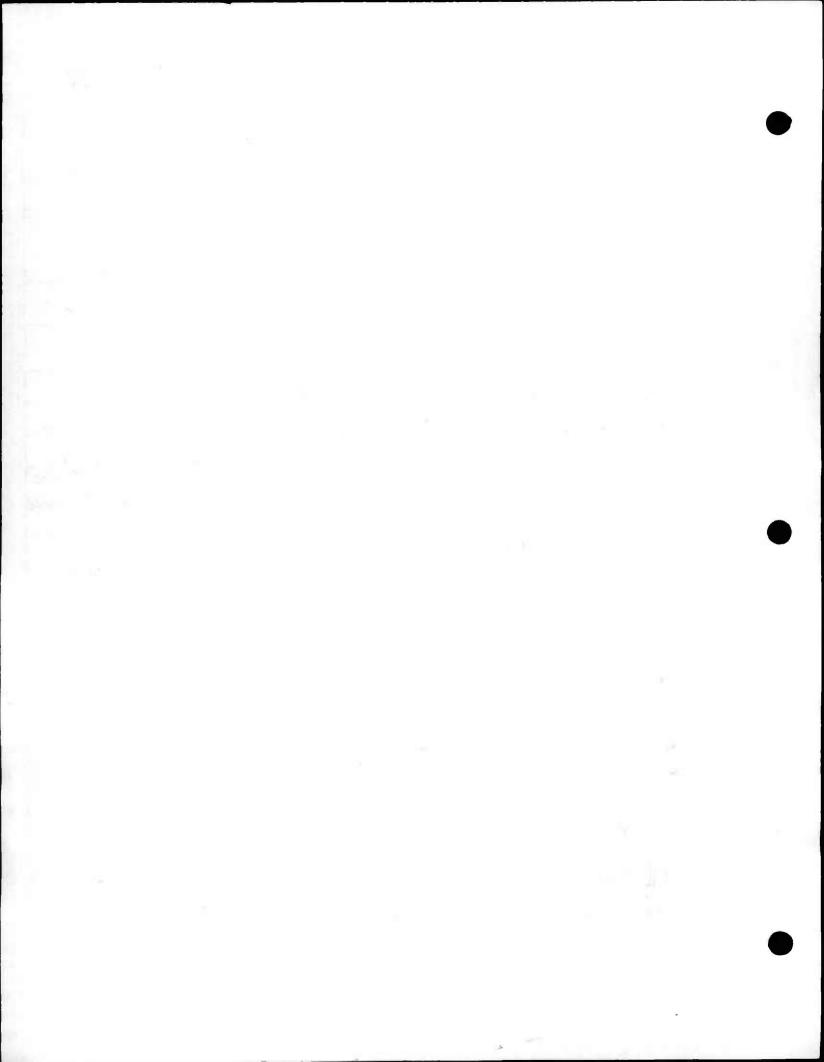
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ires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	page 5 sl		marked or item 23 shows any injury or other traumate event the medical avanions must be excited as
Page 6 m	director		Ser mise
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The law	ificate has been signed by the attending physic	th the State Dept. of Health and Mental Hy	ет 23 s
YSICIAN:	nis certifica	with the State Dept	ad or it
ADING PHY	: After thi	death with	is marks
IN ATTEN	RECTOR	ours after	am 28
Distalle.	MEN.	12.1	NAT- IF IS
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31. DATE FILED (MONTH, Day, Year)

OCT 25 19

As. REGISTRAR'S SIGNATURE

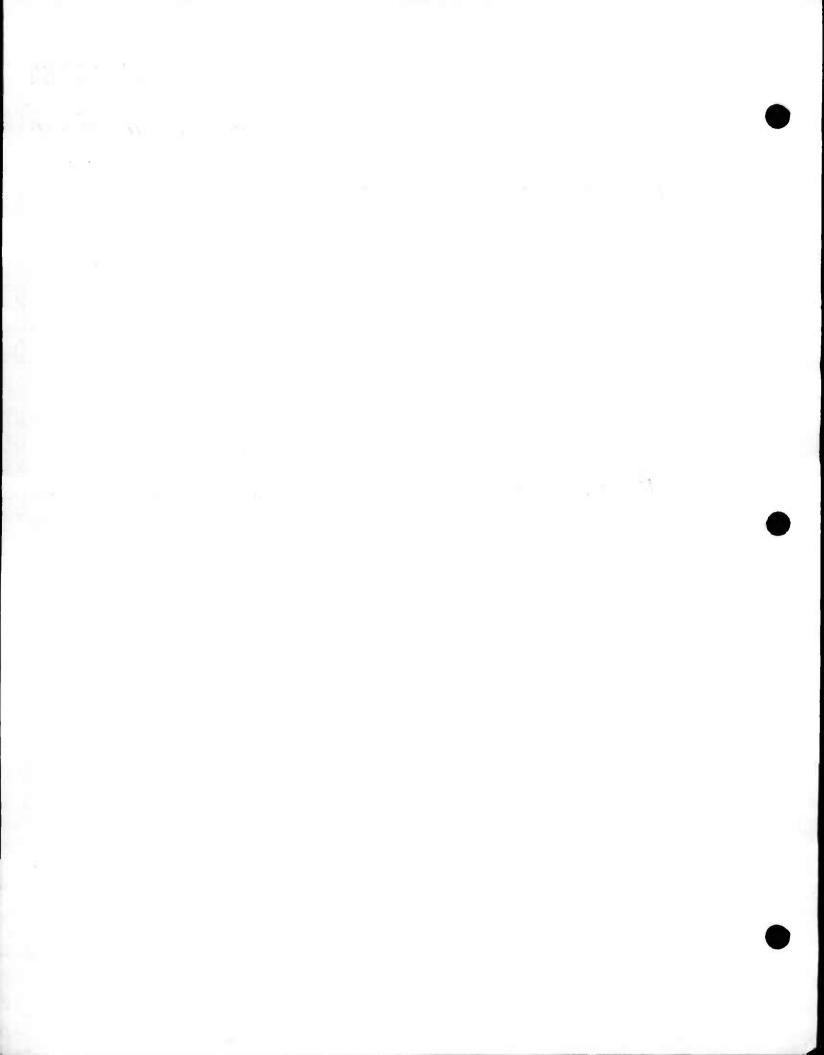
	FOR 1 . STATE	state of M	ARYLAND / DEPAF	RTMENT OF I	HEALTH AND	MENTAL HYGIE	91	29053			
	1. DECEDENT'S NAME (First, Middle, Last)	(REEN	ICATE OF	DEATH	REG. N 2. DATE OF DEATH MONTH	0.	3. TIME OF DEATN			
	246-40 9098	□ M 2 🔟	6. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)			
CTOR	98. FACILITY NAME (If not institution, give street and number) 2205 KOSYAN AVE. PRESIDENCE OF DECEDENT 96. CITY TOWN OR LOCATION OF DEATH PRESIDENCE OF DECEDENT 96. COUNTY OF DEATH PRESIDENCE OF DECEDENT 97. COUNTY OF DEATH PRESIDENCE OF DECEDENT 98. CITY TOWN OR LOCATION OF DEATH PRESIDENCE OF DECEDENT 98. COUNTY OF DEATH										
L DIRECTOR	Maryland 106. COUNTY		10c. CIT	Y, TOWN OR LOCA	nor e		10d. INSIDE CITY LIMITS? 1 PYES 2 NO				
FUNERAL	10e. STREET AND NUMBER 2205 ROS/4/0 11. MARITAL STATUS	, A	EVER IN U.S. ARMED		2121	6	11.	OF WHAT COUNTRY?			
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 L	YES 24 NO	If yes, sp	2 NO Specif	NIC ORIGIN? (Specify 1 in, Puarto Rican, atc.) y:	98 or No	RACE — American Indian, Black, Whita, atc.			
COMPLETED	(Specify only highest grade con	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19. MOTHER'S NAME (First, Middle, Maiden Surname) 19. MOTHER'S NAME (First, Middle, Maiden Surname)										
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESBY(Street and Number City or Yours, Suffe, Zip Code) 208. METHOD OF DISPOSITION 209. METHOD OF DISPOSITION										
	20b. PLACE AND DATE OF DISPOSITION DISPOSITION DATE 20c. LOCATION - City or Town, Syste 20c. LOCATIO										
	23. PART I. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	PANCA	our each line.	Hyno	2W/V de of dying, auc	h as cardiac or rea	Pl. [5]:	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ATTURED SCUPPONE CANALOUSE AIGURE AIGURE IN PERFORMED? ALDITECTOR										
YSICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 94 Residence 6 Other (Specify)										
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO										
COMPLETED	3 Suicide 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.										
- 1	(Check only one) 2 MEDICAL EXAMINER: O	n the basis of axar	y knowledge, daeth occurre mination and/or investigation	d at the time, data	eath occured at the	time, data and place, a	nd due to the ca				
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE	OF DEATN (ITEM 27) (Type	Print)	1) 30 4 C	S 8	29d. DATE SIG	SNED (Month, Day, Year)			
	2200 GAAAGON	1 3	ud BA	mo	ht h	nd 2	いんく	gheq.			



BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physicia	 by the funeral director, page 5 should be detached for use as the burial-tremoval. 	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						ICALL		DLA	111	HE	G. NO.			
	1. DECEDENT'S NAME (First, MASON	1. DECEDENT'S NAME (First, Middle, Last) MASON MASON Hicks								2. DATE OF DE.			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE (7. DATE OF BIR			IPLACE (State or Foreign				
	249-16-89		1 💢 M 2 🗌 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 1	Country) S.C.			
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH	
DIRECTOR	UNION MEMORIAL HOSPITAL					BA	LTIM	ORE	CITY					
E I	10e. STATE	10b. COUNT	Y		10c. CI1	TY, TOWN O	OR LOCAT	ION				_	10d, INSIDE CITY	
	MD										LIMITS?			
¥	10e. STREET AND NUMBER						101	ZIP COD			10g.	CITIZEN OF	WHAT COUNTRY?	
FUNERAL	322 E. 26T	H ST	REET 12. WAS DECEDEN FORCES? 1					212		·		U.S	. A .	
5	1 Never Married 2 X	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Sieck, White, at 19. Puerto Rican, etc.)						E — American Indian, k, White, atc.					
BY	3 Widowed 4 Divor		1 VEC 2 MINO COUNTY											
	15. DECE	EDENT'S EDU highest grade	CATION	16a. I	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND	OF BUSINESS	/INDUSTRY		
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COMPLETED	6TH									SIEC	K FLO	ORIST		
Ö	17. FATHER'S NAME (First, Mi	ddie, Last)						16. MOT	HER'S NAM	IE (First, Middle, I	Malden Surnam	10)		
BE C	JAMES HICK	< S							GGIE		HICK			
0	190. INFORMANT'S NAME (Ty									oute Number, City				
	EVELYN HI (r./B/	ALTIMO				
	1 X Burlat 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	oval from State	cemetery of	RISO	OF DISPOS	DFC	T V	A CE			SS MILLS, MD		
İ	21. SIGNATURE OF FUNERAL		ENSEE	JUAN	(130				SS OF FACI		JWING	2 111 [LS, MD	
	> Blade	0	م مه ه	\supset							101 5	NOE	RTH AVE.	
	23. PART i. Enter the dis	seases, or o	omplications tha	t coused the	ieath. Dp	npt enter	the mo	de of dy	Ing such	as cardiac or	respiratory	• NUT	Approximate	
	iMMEDIATE CAUSE (Find disease or condition	ert reliure.	List only one cau	ise on each lie	ie.			,			Tophatory	311041,	interval Between Onset and Daeth	
	resulting in death)	7	DUE 70	DUE 70 (OR AS A CONSEQUENCE OF):										
N	Sequentially list condition	nos.		umonie										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Industry CALISE (Disease or I													
윤배	CAUSE (Disease or Injur		c. DUE TO	OR AS A CONS			1/	wee	10					
	that initiated events resulting in death) LAST		502.39	(OII AS A CONS	EODENCE O	r):								
핑 !!			d											
	PART ii. Other significer	nt condition	s contributing to	death but not	resulting	In the un	derlying	ceuss	given in P	art I. 24n. W	AS AN AUTOP	SY 24b	. WERE AUTOPSY FINDINGS	
호။	Dirly	too?	nellite	in							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL			/							- ¹º'	YES 2 NO		OF DEATH?	
≥										-			1 - YES 2 NO	
3	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Chec	k only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Num	3:			Other (Specif	64)			
Ĕ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE		OCCURED		
BY F	1 Natural 5 P	Pending rivestigation	(Month, D	ay, rear)	IN.	JURY	1 🗌 Y	RK? 'ES 2						
- 1	3 Sulcide 8 C	could not be	28e. PLACE O	F INJURY — At I	ome, ferm,	streel, fect	ory, offici		1	261. LOCATION (: City or Town,	Street and Nun	nber or Rural F	Route Number,	
	4 Homicide d	etarmined								City or lown,	, State)			
Z	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, o	leath occurr	ed at the ti	me, data	and place	and due to	the cause(s) ar	nd manner sa	atated.		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
- 14	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
TO BE	Maryrose	e of.	Eichel	llerge	1						•	10/2	197	
-	30. NAME AND ADDRESS OF				11	9	,	1 1	ion Me	merral	Haspit	al '	12.5	
	Maryrose T. 31. DATE FILED (Month, Day, Y	bari	e/berger	#'S SIGNATURE	E. Uni	versi	ty 6	arku	ray B	altimore	e, MD	02	1218	
	OC	T 25	1991	who David	son-Ro	ndell								
		12.0	1			110	4.0							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



YEAR

3. TIME OF DEATH

12:40A, M

REG. NO

24

2. DATE OF DEATH

10

OOPES

IF UNDER 24 HRS.

IF UNDER 1 YEAR

ARROLL

Se. FACILITY NAME (If not institution, give street and number)

5. SEX

1 X M 2 - F

4. SOCIAL SECURITY NUMBER

212-07-2661

LLISTER

6. AGE (in yrs. last birthday)

82 YRS.

the burial-transit permit: Pages 1, 2, 3 should RESIDENCE OF DECEDENT Gaithersburg WILSON Hea DIRECTOR 10c. CITY, TOWN OR LOCATION Gaithersburg Maryland Montgomery FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 19429 Brassie Place Unit #103 20879 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2XXNO ВҰ Specify: 3 Widowed 4 Divorced page 5 should be detached for use as B 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) MD State Road Commissions 1 year notified at once. 17. FATHER'S NAME (First, Middle, Last) Eugene F. Hoopes BE Annie Collins 19s. INFORMANT'S NAME (Type/Print) 2 Mrs. Dorothy Hoopes pe 20e. METHOD OF DISPOSITION
1

Second Burlet 2 □ Cremation 3 □ Real Burlet

4 □ Donation 5 □ Other (Specify) □ 20b. PLACE AND DATE OF DISPOSITION (Name of must director, Druid Ridge Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Loring Byers Funeral Home ames filled in by the figure, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the deeph. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert fellure. List only one ceuee on each line, IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) Congestive heard failure the attending physician and completely I Mental Hygiene prior to burial, cremation DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati event, DUE TO (OR AS A CONSEQUENCE OF): brook disinon Lachernie traumatic CERTIFICATION Sequentielly list conditions, 9 DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate Atherselvotic condinasular disease ceuse. Enter UNDERLYING CAUSE (Disease or injury or other thet initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST injury, PART II. Other significent conditions contributing to deeth but not reculting in the underlying cause given in Part I. PHYSICIAN: MEDICAL s been signed by the pt. of Health and N. 3 shows any inj obstation rulmman 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL:
1 | Inpatiant 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 50 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 100 ED 8 Could not be 4 Homicide datarmined 28 ᇦ tem 29e. CERTIFIER

(Chack only

1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL THE HOSPITAL C THE FUNERAL D filed within 72 ho = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data and piece, and due to the cause(s) and manner as atteted. 29b. SIGNATURE AND TIME OF CERTIFIER BE 29c. LICENSE NUMBER Mo 0-14092 2 30, NAME AND ADDRE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BUTI Johnson USS E!1 31. DATE FILED (Month, Day, Yar) DCT 25 1991

7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) 12/25/08 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Bleck, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Inspector 16. MOTHER'S NAME (First, Middle, Maiden Surname) 19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20879 19429 Brassie Place Unit 103 Gaithersburg, MD DATE 20c. LOCATION - City or Town, State 10/26 Pikesville, MD 8728 Liberty Road Randallstown, MD 21133 Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 10/24/91 Gauthers by

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DIVISION OF VITAL RECORDS, P.O. E	
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215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the immedian physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENTAI	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	LIAM T. HUNT					2. DATE MONTH	OF DEATH	YE/ 91	3. TIME OF DEATH 4:00 P.
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS.	7. DATE	OF BIRTH	8. 8	BIRTHPLACE (State or Foreign
220-22-6283	1 X M 2 □ F 6	2 YRS.	MONTHS	DAYS HO	URS MIN.	12	09 28		ARYLAND
9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY,	TOWN OR LO	CATION OF DE	EATH		9c. COUNTY	OF DEATH
3130 KESWICK	ROAD			BALTI	MORE				
RESIDENCE OF DECEDENT	. The same of the	10.07	Z TOMBI OF	R LOCATION					10d. INSIDE CITY
MW39.1141	101	100. CIT			T.				LIMITS?
MARYLAND 100, STREET AND NUMBER			BAL	TIMOR		_		44 - 02777711	1 YES 2 NO
	VEGUTAV DOAD			101. 211	2121	1		iog. GITIZEN	USA
11. MARITAL STATUS	KESWICK ROAD	MING ADMICO	40.11	me prorue			I? (Specify Year)	- 11-	
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 V NO	- 14		Cuban, Mexica	in, Puerto l			RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S	USUAL OC	CUPATION		16b	KIND OF BUSI	NESS/INDUST	RY
(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	e retired.)	unng most or	working				
7TH		RETIRE	D					3 G &	E
17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NA	ME (First, I	Middle, Maiden S	umame)	
JOHN HUNT					MAR	X S.	MORRIS	5	
19s. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS	(Street and N			ber, City or Town,		ie)
URATH HUNT		3130	KESI	JICK R	ROAD. F	BALTT	MORE, 1	m. 21	211
20s. METHOD OF DISPOSITION		0b. PLACE AND DATE	E OF DISPO	OSITION (Nat		DAT			or Town, State
1 X Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		of cemetary, crematory	or other pla	ODTST	CH. CE	M 1	0/24/9	unne	rco, MD.
21. SIGNATURE OF FUNERAL SERVICE		C O			DORESS OF FA		0/124/ 2	_ цррс	ico, ib.
· M. Alla	in Seit	- h	A 3	A. ALA 3818 R	N SEIT	Z, J AVEN	R. FUNI UE, BAI	ERAL H LTIMOR	OME E, MD. 21211
23. PART I. Enter the diseases, o shock, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Metas	tatic	1		3 6				Interval Betwee
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	A CONSEQUENCE OF		97					
resulting in deeth) LAST	_ d								
PART II. Other significant condit	ione contributing to death	but not resulting	in the un	derlying ca	nuse given in	Part I.	24a. WAS AN / PERFORI 1 - YES 2	AED?	24b. WERE AUTOPSY PINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (C	heck only o	ne)		<u> </u>
EXAMINER?	HOSPITAL:	stantiant 3 DOA	OTHER	₹:	Residence	-	N.S. m. T.T.		
27. MANNER OF DEATH	28s. DATE OF INJURY		_	28c, INJURY		_	SCRIBE HOW IN	JURY OCCUR	PED.
1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?					
2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJUI	RY — At home, ferm,	street, facto	ory, office		28f, LO	CATION (Street as	nd Number or E	Rural Route Number,
4 Homicide 8 Could not determined	De building, etc. (Sc	pecify)	,				or Town, State)		-
29e. CERTIFIER									
(Check only	IYSICIAN: To the best of my kno IINER: On the basis of exeminat								ause(s) and manner as stated
29b. SIGNATURE AND NITLE OF CERT	Tolling n	10		29	D Z O	MBER 65	0	29d. DATE SI	IGNED (Month, Day, Jear)
David DiColli	WHO COMPLETED CAUSE OF I	O W. U H	a, Print)	rsity	Phw	4.,	Balto	., m	d, 21210
31.00TE25" 1991	July Daydon-A					1		,	

16c. CITY, BAL U.S. ARMED 2 NO TES 16a. DECEDENT'S C (Give kind of writing to NOT use HOMEM 19b. MAILING 15 43 PLACE AND DATE emetary, crematory. The death. Do not child line.	IF UNDER I YEAR MONTHS DAYS 9b. CITY, TOWN BALT TOWN OR LOC TIMORI 13. WAS DI If yes, 1 I YI SUAL OCCUPA Ark done during I retired.) DF DISPOSITION TOWN OR LOC TIMORI 13. WAS DI If yes, 1 I YI SUAL OCCUPA 15 A A A A A 25 A 25 A 25 A Town or the retired of the	HOURS MIN. N OR LOCATION OF DE I MORE CATION E 101. ZIP CODE 2 1 2 2 4 ECENDENT OF HISPAN Specify Cuban, Markes as 2 × No Specify TION most of working 18. MOTHER'S NA SOPHIA OR TH WAD ON (Name S C EM. AND ADDRESS OF FA OR THE ET THOOLE OF GUING, auc.	10 20 7. DATE OF BIRTH (Month, Day, Year) 4-29-15 EATH NIC ORIGIN? (Specify Year) In, Puerto Rican, stc.) Y: 16b. KIND OF BUT 16b. KIND OF BUT 16b. KIND OF BUT 17b. Middle, Melden 17b. MARYL 17b. MARYL 17c. MARYL	9c. COUNTY OF I 9c. COUNTY OF I 9c. COUNTY OF I 10g. CITIZEN OF USA 6 OF NO— 14, RAC Bleich Spe Wh SINESS/INDUSTRY O SUITIAITING O SUITI	RYLAND DEATH 10d. INSIDE CITY LIMITS? 1 ▼ YES 2 □ NO WHAT COUNTRY? CE — American Indian, ck, Whita, etc. icity: H I T E
196. MAILING 196. MAILING 196. MAILING 1543 PLACE AND DATE anelary, crematory of the death. Do not the line.	IF UNDER I YEAR MONTHS DAYS 9b. CITY, TOWN BALT TOWN OR LOC TIMORI 13. WAS DI If yes, 1 I YI SUAL OCCUPA Ark done during I retired.) DF DISPOSITION TOWN OR LOC TIMORI 13. WAS DI If yes, 1 I YI SUAL OCCUPA 15 A A A A A 25 A 25 A 25 A Town or the retired of the	HOURS MIN. N OR LOCATION OF DE I MORE CATION E 101. ZIP CODE 2 1 2 2 4 ECENDENT OF HISPAN Specify Cuban, Markes as 2 × No Specify TION most of working 18. MOTHER'S NA SOPHIA OR TH WAD ON (Name S C EM. AND ADDRESS OF FA OR THE ET THOOLE OF GUING, auc.	NIC ORIGIN? (Specify Value) 4 - 29 - 15 EATH NIC ORIGIN? (Specify Value) In, Puerio Rican, etc.) 16b. KIND OF BUIL 16b. KIND OF BUIL 16b. KIND OF BUIL 17b. Middle, Melden 17b. MARYL 17b. M	9c. COUNTY OF I 9c. COUNTY OF I 9c. COUNTY OF I 10g. CITIZEN OF USA 6 OF NO— 14, RAC Bleich Spe Wh SINESS/INDUSTRY O SUITIAITING O SUITI	PRYLAND DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? CE - American Indian, ch, Whita, etc. Chill I I E 239 Town, Stata 1 Approximate interval Between
10c. CITY, BAL U.S. ARMED 2 NO TES 16a. DECEDENT'S t (Give kind of wr life, Do NOT use HOMEM 19b. MAILING 1543 PLACE AND DATE emetary, crematory STAN the death. Do no coch line.	BALT TOWN OR LOC TIMORI 13. WAS DI If yea, 1 O'Y ISUAL OCCUPA AK Gree during I AKER ADDRESS (Street WADS) DE DISPOSITION OF	IMORE ATION E 101. ZIP CODE 21224 ECENDENT OF HISPAI appecity Cuban, Mexics ess 2 No Specification of working 18. MOTHER'S NA SOPHIA NORTH WADDN (Name CEM. AND ADDRESS OF FA ON (NORTH NORTH NIC ORIGIN? (Specify Yearin, Puerto Ricen, etc.) 16b. KIND OF BUS ME (First, Middle, Melden ODACHO Route Number, City or Tow YMARYL DATE 20c. LO 10-25BA CELITY FUNERAL STREET B	SUMBLE SIDE COUNTY OF US A S OF NO 14, RAM SINESS/INDUSTRY SUMBLE SIDE CODE AND 212 CATION — City of T LTO . ME HOME ALTO . ME	10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY? CE — American Indian, ck, White, etc. ck,	
BAL U.S. ARMED 2 NO TES 16a. DECEDENT'S to (Give kind of write) in the Do NOT use HOMEM 19b. MAILING 1543 PLACE AND DATE ormelary, cremalory The death. Do not child line.	13. WAS DI II yes, 1 1 1 YI ISUAL OCCUPATOR ORDING I NATIONAL AMERICAN STREET IN THE PROPERTY OF CONTRACT OF CONTRACT IN THE PROPERTY OF CONT	E 2124 ECENDENT OF HISPAI appecity Cuban, Mexics es 2 No Specification of working 18. MOTHER'S NA SOPHIA NORTH WADDN (Name SOPHIA) ON (Name SOPHIA)	IN, Puerto Rican, etc.) 16b. KIND OF BUS INME (First, Middle, Maiden O D A C HO Route Number, City or Tow AY MARYL DATE 20c. LO 10 - 25BA CELITY FUNERAL STREET B	USA Bor No 14. RAM Ble Spe W F SINESS/INDUSTRY ISSUMEMBE AND 212 CATION — City or T LTO . ME HOME ALTO . M	LIMITS? 1 YES 2 NO WHAT COUNTRY? CE — American Indian, ck, White, etc. ck, W
U.S. ARMED 2 NO TES 18a. DECEDENT'S L (Give kind of wr life. Do NOT use HOMEM 19b. MAILING 1543 PLACE AND DATE emelary, crematory STAN the death. Do notch line.	13. WAS DI If yes, in a year of the place of	16. MOTHER'S NA SOPHIA WORTH WA DN (Name CEM STORM (Name CEM SOPHIA CON (Name CON (Name CON (Name CON (Name CON (Name)	IN, Puerto Rican, etc.) 16b. KIND OF BUS INME (First, Middle, Maiden O D A C HO Route Number, City or Tow AY MARYL DATE 20c. LO 10 - 25BA CELITY FUNERAL STREET B	USA Bor No 14. RAM Ble Spe W F SINESS/INDUSTRY ISSUMEMBE AND 212 CATION — City or T LTO . ME HOME ALTO . M	CE — American Indian, ck, Whita, etc. ck, Whita, etc. chy: HITE 239 Town, Stata Approximate interval Between
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(Give kind of we like. Do NOT use HOMEM 19b. MAILING 1543 PLACE AND DATE emetary, crematory crematory crematory.	ACCORDING Interest of ACCORDING INTEREST (Street WADS) DE DISPOSITION OF THE PIECE	18. MOTHER'S NA SOPHIA NORTH WADDN (Name SCEM. AND ADDRESS OF FA OF FLEET Thode of dying, auc	MARYL DATE 20c. LO 110-25BA COLITY FUNERAL STREET B	Surname) WSKA wn, State, Zip Code) AND 212 DCATION — City or 1 LTO. ME HOME ALTO. M	Town, Stata 10. 21224 Approximate interval Between
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e pulma	ot enter the n	node of dying, auc			Approximate interval Between
CONSEQUENCE OF	Ne		ext as of	funch.	mos mos
ut not resulting in			PERFOI	RMED?	4b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
atient 3 DOA		ome 5 Residence	a Other (Specify)		
- At home, farm, st	M 1	WORK? YES 2 NO			il Route Number
edge, death occurre a end/or investigation ATH (ITEM 27) (Type,	d at the time, do	eta and place, and during death occurred at the 29c. LICENSE NU	city or Town, State a to the cause(a) and ma a time, data and place, as	enner as atated. und due to the cause 29d. DATE SIGNE	e(s) and manner as stated
	ti not resulting in the state of the state o	th not reaulting in the underly 26. 27. 28. There is a continue of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation, in my opinion of the investigation 26. PLACE OF DEATH (O tient 3 DOA 4 Nursing Home 5 Residence 29b. TIME OF INJURY AT WORK? At home, farm, street, fectory, office 29c. LICENSE NU	26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. Other (Specify) 28. DEATH (Specify) 28. DEAT	26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. There is a constant of the property of the prope	

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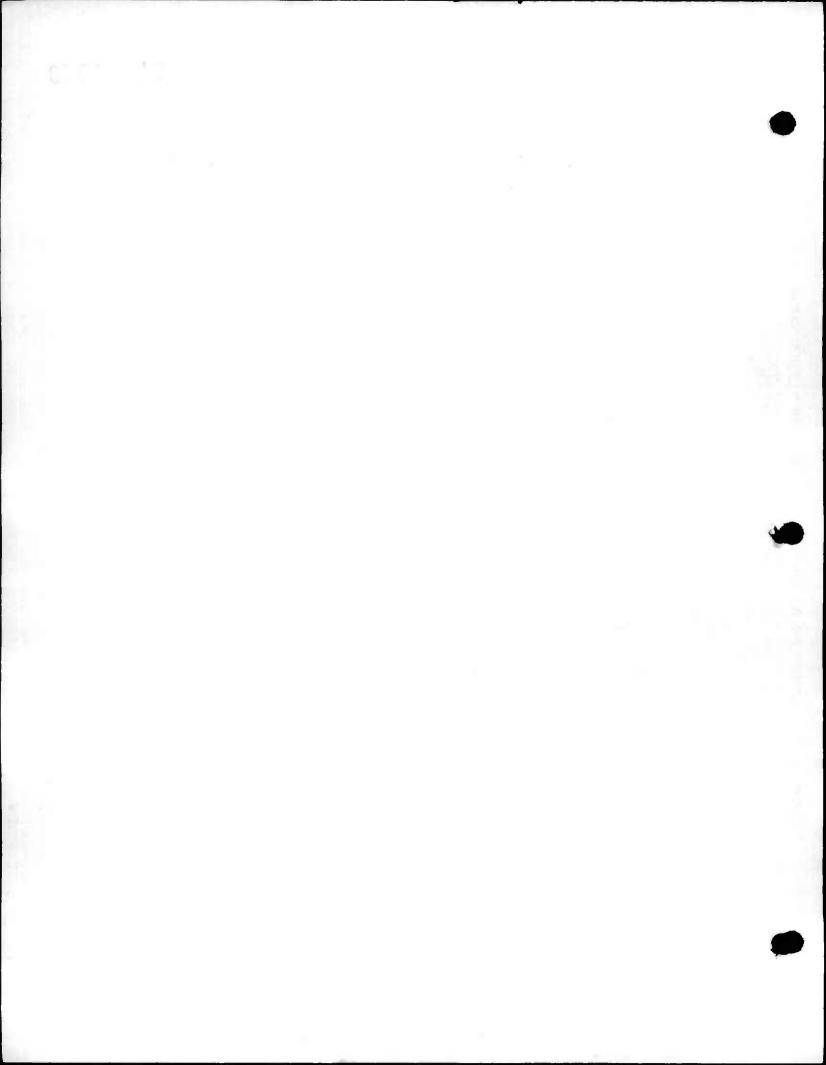
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HOS	FUNE	within	HTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be removed from the modern of the many be removed as the property of the modern	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 straight	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified

	FOR 1 - STATE		STATE OF I									E	91	29058
	1. DECEDENT'S NAME (First,	Middle, Last)	J	~ /	S m	ICATE	OF	DEA	H	2. DATE OF MONTH	DEATH DA	w C	YEAR 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 149 - 22 -	7617	5. SEX	8. AGE (In yrs. 87	lest birthday) YRS.		DAYS	IF UNDER	MIN.		BIRTH ay, Year) 3-0		Mary.	land
70R	9e. FACILITY NAME (II not in Carroll Man	or	eet and number)			96. CITY, 1 Chil			ON OF DE	EATH			nty of DE	eorges
REC	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
0	New Jersey 10s. STREET AND NUMBER	Atla	ntic		Ati	lantio	-							1 X YES 2 NO
ERA	404 Ohio Ave	nue						0840						tates
BY FUNERAL DIRECTOR									14. RACE	- American Indian, White, atc.				
回	15. DEC (Specify only	EDENT'S EDUC	ATION completed)	16a.	DECEDENT'S	work done du	CUPATIO	ON ast of working	ng	16b. KI	ND OF BUS	BINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5		atere:					Ca	teri	ng		
00	17. FATHER'S NAME (First, M George Edwa		tin					1-2		ME (First, Mide ohnson		Surname)		
TO BE	19a. INFORMANT'S NAME (7		CIII					ind Number	r or Rural I	Route Number,	City or Town			
ř	Robert Mart									rt, La				and 20785
	24e. METHOD OF DISPOSITI		wel from State	othe	ce of dispo r place) coln N								chy or Town	
	21, SIGNATURE OF FUNERA		Ploc	en		22. N/ Mc(ame al Gui	re Fi	ss of FA	al Ser	vice	, Inc	c.	on, D.C.
	23. PART I. Enter the di ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eart failure. I	omplications the let only one ca	Aspice	death. Do	not enter ti		ode of dy			c or reapl	ratory an	reat,	Approximata Interval Between Onaet and Death I Cley
CERTIFICATION	Sequentially list condit if any, leading to imme- ceuse. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry		OR AS A CON										,
PHYSICIAN: MEDICAL C		le cl	e contributing to	death but no	ot resulting	In the und				_ '	e. WAS AN PERFOR	MED?	+	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	25. WAS CASE REFERRED EXAMINER? 1 YES 2	MEDICAL	HOSPITAL:	EB/Outputlers	2 DO4	OTHER				eck only one)	2			
Ä.	27. MANNED OF DEATH		28a. DATE Of	FINJURY	28b. TIN		esc. INJ	URY AT	asidence	8 Other (S		NJURY OC	CURED	
BY	2 Accident	Pending Investigation				М	1 🗆	YES 2 [NO					
		Could not be determined	28e. PLACE (building	OF INJURY — A , etc. (Specify)	t home, farm,	street, factor	ry, offic	·a .		281. LOCATI City or	ON (Street a Town, State)		r or Rural Ro	oute Number,
COMPLETED	one) 2 MED	ICAL EXAMINE												and marrier as stated.
TO BE	Lety M	III	and					29c, LIC	WY NUI	180		29d, DAT	0 /1	579 1
	30. NAME AND ADDRESS OF	SS CE	COMPLETED CAL	SE OF DEATH	D (1/2)	Print)	de	4	10	r. 61	reen	elf	rel	20770
	31. O'C'TE 25" 19	91 9	Ma David	AR'S MEARLE	102									



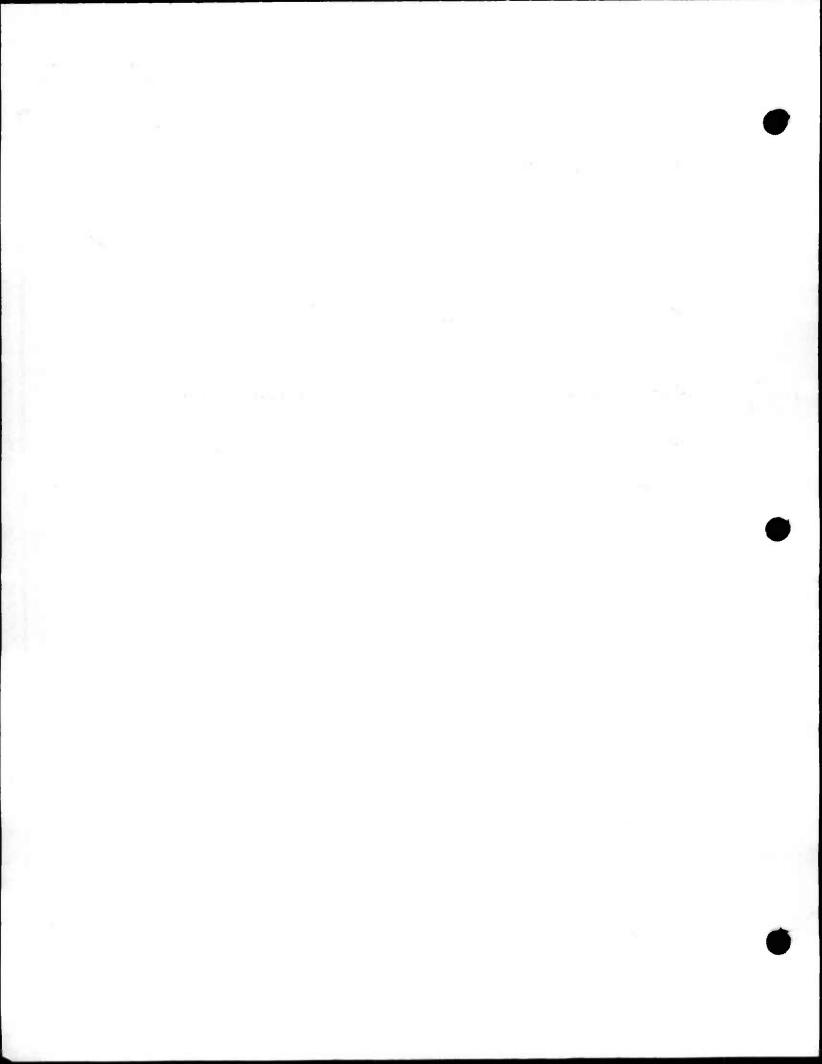
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be housefully, he hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the naveral director page 5 smooth be detected by the burnistransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremarilon, or remove.	he medical examinar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be hourstoned intention or attention o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinant must be marked.

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		YLAND / DEPAR CERTIFI	MENT OF HEALTH A		91 29059				
Milton		Ku	rowski	Cent. 22, 4991	3. TIME OF DEATH				
217-01-1056	1 M 2 🗆 F				BIRTHPLACE (State or Foreign CouMaryland				
607 S. Wolfe St			Baltimore	OF DEATH 9c. CO	DUNTY OF DEATH				
	Y	10c.1 9 117	TIPWINGS LOGATION		10d. INSIDE CITY LIMITS?				
10.607 S. Wolfe St	reet		101. 2723	109[0	1 N YES 2 □ NO				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR O	R DATES	If yes, specify Cuban, I	Mexicen, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. SpWhite				
15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 10th Grade	CATION o completed) College (1-4 or 5+)	(Give kind of we	ork done during most of working retired.)	16b. KINO OF BUSINESS/I	INOUSTRY				
17. FATHER'S NAME (First, Middle, Last) JOHN K U	RO WSK	,)				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING 607 S			Zío Gode) Md 21231				
4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF	DISPOSITION (Name of Sary Cemetery	Pare 200c LOCATION. Balti	- City or Town State More, Maryland				
David	1. m/s	les)	Edward J.	Weber F.H. 401 S					
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIA	a AR	REST	, such as cardiac or reapiratory a	Approximate interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR A OUE TO (OR A	SCLEI AS A CONSEQUENCE OF	RATIC C.	V DISEASE	10grs				
PART II. Other eignificant condition	a contributing to deat	h but not resulting in	the underlying cause give	en in Part i. 24a. WAS AN AUTOPS PERFORMED 1 YES 2 NO	Y 24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:						
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident investigation	28s. DATE OF INJUI (Month, Day, Yea		OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY O	CCURED				
	28e. PLACE OF INJU	JRY — At home, term, str	eet, factory, offica	281. LOCATION (Street and Numb City or Town, State)	eer or Rural Route Number,				
3 Suicide 8 Could not be determined	building, etc. (5	кр е спу)							
4 Homicide determined 29a. CERTIFIER (Check Drift)	CIAN: To the best of my kr	owledge, desth occurred	st the time, data and place, on	d due to the cause(s) and menner ea st	tated.				
	Milton 4. SOCIAL SECURITY NUMBER 217-01-1056 9e. FACILITY NAME (If not institution, give 607 S. Wolfe St.) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. STREET AND NUMBER 607 S. Wolfe St. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12) 10th Grade 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) Stephanie Kuran 20a. METHOD OF DISPOSITION 1 Duriet 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LE MIMBEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other alignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Milton 4. SOCIAL SECURITY NUMBER 2. 17 - 0 - 1056 9a. FACILITY NAME (If not institution, give street and number) 607 S. Wolfe Street RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. STATE 11. MARITAL STATUS 12. WAS DECEDENT EVICENCES? 13. Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 20a. WETHOD OF DISPOSITION 1 Burfet 2 Cremation 3 Removal from Stata 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that cau shock, or heart failure Liat only one cause of immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) PART II. Other algnificant conditions contributing to death FIGURE PHERAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO	## A SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 217-0-1056 98. FACILITY NAME (If not institution, give street and number) 607 S. WOLFE Street RESIDENCE OF DECEDENT 108. STREET AND NUMBER 109. STREET AND NUMBER	## ASPITAL SECURITY NUMBER A. SOCIAL SECURITY NUMBER S. SEX O. AGE (in yrs. list birthday) F. LINGER 1 YEAR P. UNDER 24 To 1. YEAR P. UNDER 24 To 1. YEAR P. UNDER 24 To 1. YEAR P. UNDER 25 TO 1. YEAR P. UNDER 26 TO 2. YEAR TO 1. YEAR P. UNDER 26 TO 2. YEAR	Milton A. SOCIAL SECURITY NUMBER S. SEX S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCES 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 2 SEAN FUNCS 1 SEAN S. AGE (in yrs. last birtholy) FUNCS 2 SEAN FUNCS 1 SEAN FUNCS 2 S				

Stee MO SETEO CAUSE OF OEATH (ITEM 27) (Typo, Print) APCAN, MO

Sura Davidson-Randoll

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1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTA	L HYGIEN	E	Loa	7000	
1. DECEOENT'S NAME (First, Middle, Mary	Last)	KN	OPP			0 29 0 23-		EAR 3	TIME OF DEATH	м
4. SOCIAL SECURITY NUMBER 213 16 6578	1 M 2 K F	E (In yrs. last birthday) 73 YRS.	IF UNDER (YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		BIRTNPL Country)	MCE (State or Foreign	٦
9a. FACILITY NAME (If not institution, Franklin Squar RESIDENCE OF DECEDEN	e Hospital			or LOCATION OF D			9c. COUNTY Balt		e County	
10a. STATE 10b. co	The state of the s		y, TOWN OR LOC Baltimo					- 1	d. INSIDE CITY LIMITS?	
Franklin Squar RESIDENCE OF DECEDEN 10a. STATE 10b. CO Maryland 10c. STREET AND NUMBER 5 Elmont Aven 11. MARITAL STATUS 11. Never Married 2 Married				of. ZIP CODE	 06		10g. CITIZEI		YES 2 ND	\dashv
tt. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	DATES 2 NO	II yea, s	CENDENT OF NISPA poelfy Cuban, Maxico S 2 NO Specia	NIC ORIGIN	I? (Specify Yea Rican, atc.)	or No— 14	Black, W	American Indian, hitte, etc. White	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Las		life. Do NOT us	vork done during n	ION lost of working		KIND OF BUS			willte	
w JO1470 W.	CALKA	SR		18. MOTNER'S NA	DYS.	Middle, Maiden	Surname)	KAL	ACZYNS	K
199. INFORMANT'S NAME (Type/Print) LOUIS CAL 208. METNOD OF DISPOSITION		3 / D Ob. PLACE AND DATE O	N.W.	and Number or Rural	Route Numb	IVE "	State, Zip Co	SU		M
t Buriel 2 Cremation 3 Constitution 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramovat Irom Stala	emetery, cremetory or of	ther place)	AND ADDRESS OF FA				,	1000	_
•	1	0-24-91	655	W. Baltim	ore	Street	, Balt	o.MD		
23. PART i. Enter the diseases, shock, or heart feli iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ePulmonar	eed the death. Do not eech fina. y Embolu A CONSEQUENCE OF	s	ode of dying, auc	ch as cere	flec or respi	retory erres	t,	Approximate interval Between Onset and Dea	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	lerotic A CONSEDUENCE OF	F):	ascular I	Disea	se				
PART II. Other significent cond	itions contributing to death	but not resulting i	n the underlyi	ng cause given in	Part i.	24a. WAS AN PERFORM	MED?	AM CO	RE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	10
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATN					-				YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpetient 2 ER/O	ripatiant 3 DOA	OTHER:	PLACE OF DEATN (Ch						\exists
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigat	26a. DATE OF INJUR (Month, Day, Year	y 28b. TIMI	URY	JURY AT ORK? YES 2 NO	26d. DES	CRIBE NOW IN	JURY OCCUP	RED		
	building, atc. (S)	RY — At home, larm, a pecify)	street, lactory, offi	ca	28I. LOC. City	ATION (Street a or Town, State)	nd Number or	Rurai Routi	e Number,	
	NYSICIAN: To the best of my known MINER: On the bests of examine								d manner as stated.	7
29b. SIGNATURE AND TITLE OF CERT	Comana	DEATH (ITEM 27) (Free	Delega	29c. LICENSE NUI			29d. DATE S		onth, Day, Year)	
The state of the s	amamoto 9000	Frankli	n SQ. Di	R. Balto.	MD.	21237				
OCT 25 1991	Sel Killy	PICALL								

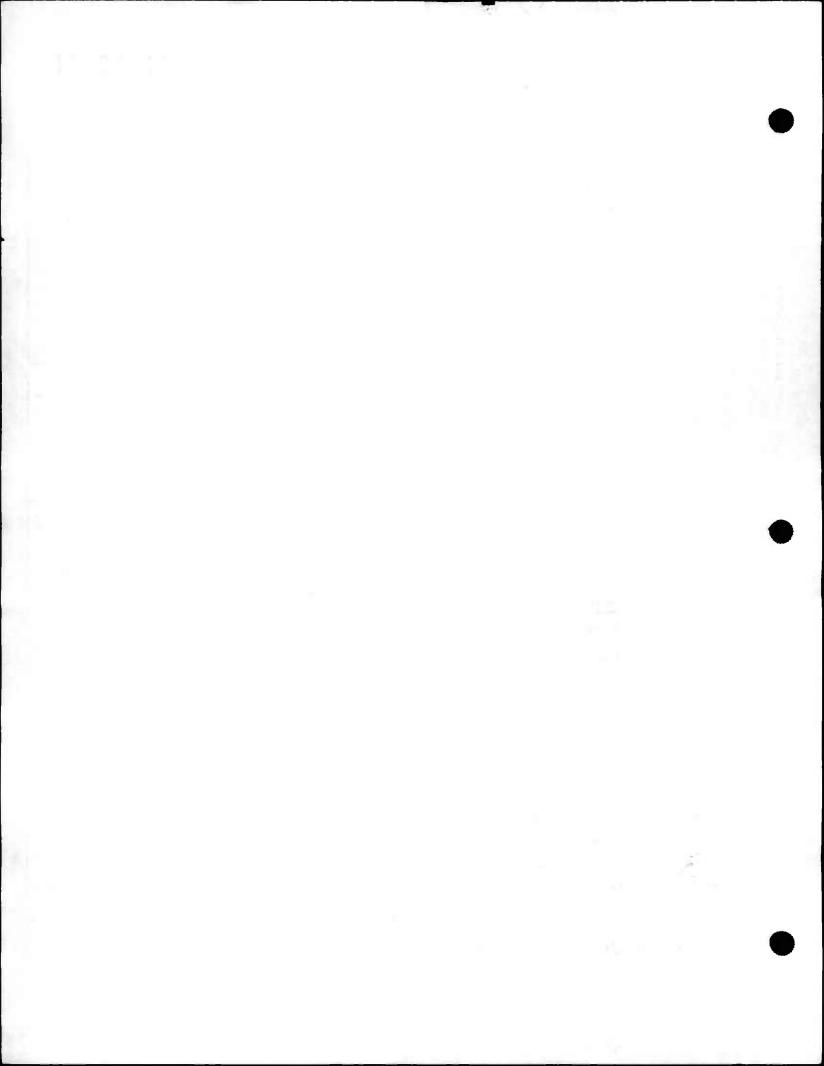
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physical	10 THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the number of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funite fleed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215,0020

TO BE COMPLETED BY FUNERAL DIRECTOR

4. SOCIAL SECURITY NUMBER 16.6 - 14 - 92 19 17. W 2	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.		
16.6—14—92 19 15. MACHINI MARKE AND ARRONDO FOR SERVEY OF INTERPRETATION OF SERVEY OF DEATH S			TTER			MONTH DAY	YEA	3. TIME OF DEATH
TARTE AND AND THE PROPERTY SECONDS OF PRESCRIPTION WE SHARE TO COUNTY MARYLAND SAME 100. COUNTY MARYLAND SAME 101. 2P CODE 102. COUNTY MARYLAND SAME 102. MAJOR CEREBRITH SET OF THE PROPERTY SAME 103. AND CEREBRITH SET OF THE PROPERTY IN ANTIAL STATUS 166-14-9219	1√2 M 2 □ F	71 YRS. MG	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1-18-20	PE	NNSYLVANIA	
NA STATE MARY LAD CODE SAME IV. 2P CODE LA WAS DECORDED TO MINISTER JOHN OF CONTROL OF THE STATE AND NOMBER SAME IV. 2P CODE LA WAS DECORDED TO MINISTER JOHN OF CONTROL	7568 NEW BATTI					EATH	9c. COUNTY O	F DEATH
SAME 11. MANTEL STATUS 12. WAS DECEDENT E PYEN IN U.S. AMBED 12. WAS DECEDENT OF HISPANC ORGAN (Specify Year of New Year New Y	10a. STATE 10b. COUN		10c. CITY, T	TOWN OR LOCATI	DN			LIMITS?
IN MARTINE, STATUS The Common Martine 2				1				
Clave Bird of wink drived and of working acting most of sorting BENDIX TRAFFIC Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Land The Seminatery Street Mode, Market Summany Seminatery Street Mode, Market Summany Seminatery Street Mode, Market Summany Seminatery Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Market Summany Street, Street Mode, Street Mode, Market Summany Street, Street Mode, Market Street, Street Mode, Market Street, Street Mode, Market Street, Street Mode, Market Street, Street, Market Mode, Market Street, Market Mode, Market Street, Market Mode, Market Street, Market Mode, Market Street, Market Mode, Market Street, Market Mode, Market Street, Market Mode, Market Mode, Market Mode, Market Street, Market Mar	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO ATES	13. WAS DECE	NDENT OF HISPAI	n, Puerto Ricen, etc.)		ACE — American Indian, lack, White, atc. pecify:
TO FATIENTS HAME (Pisst, Modes, Laid) JOHN KERSTETTER SERTHA DEDDIM WEN. HORINANT BANK (Pisst, Modes, Kander) MRS. LUCILLE KERSTETTER SAME SOME POSPOSITION (Name of Name Post Post Name) SAME 100, METROD OF DEPOSITION (Name of Name Post Post Name) ACT DATE SIGNATURE STATE AND ACCORDING (Pisst Name) TO TAKE A	(Specify only highest grad Elementary/Secondary (0-12)	de completed)	(Give kind of work life. Do NOT use n	k done during mos etired.)		16b. KIND OF BUSI	NESS/INDUSTR	Y
SOURCE SAME SAME Company Same Sa			TRAFFIC		48 MOTHED'S NA			
199. MALING ADDRESS (Dress and Number or Numb Roots Name, City or Num. State. ZD Code) MRS. LUCILLE KERSTETTER SAME 200. METHOD OF DISPOSITION 170. BLASS AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE AND DATE OF DISPOSITION (Name) 170. PLACE OF DEATH (There are the deseases, or complications that shaded the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, infarrant Between Onset and Date of State (Part of Name) 22. PART I. Enter the desease, or complications that shaded the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, infarrant Between Onset and Date (Part of Name) 23. PART I. Enter the desease, or complications that shaded the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, infarrant Between Onset and Date (Part of Name) 24. PART II. Other alignificant conditions 25. PART II. Other alignificant conditions 26. DUE TO (OR AS A CONSECUENCE OP): 27. WAS CASE REFERENCE TO MEDICAL 28. PLACE OF DEATH (Proxic only only only only only only only only		TTER					arriento)	
Section Continue Section Sec	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street ar			State, Zip Code)
22. PART I. Enter the spacesea, or complications that sussed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one each line. MMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Barbows or condition resulting in death) Approximate interval Barbows or condition resulting in death) Approximate interval Barbows or condition resulting in death) Approximate interval Barbows or condition in a condition of the part	20a. METHOD OF DISPOSITION 1/A Buriel 2 Cremation 3 - Re	201	. PLACE AND DATE O		Name			
23. PART I. Enter the eleeses, or complications that aused the death. Do not enter the mode of dying, such as cardiec or respiratory areat, shock, or heart failure. List only one calls on each fine. Approximate interval Between the resulting in death Due to (on as consequence or)		nd Xcour	nudii	KACZO	ROWSKI	FUNERAL	HOME	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANLABLE PRIOR TO COMPLETEND CAUSE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT NOTICE 29.	disease pr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events	b. DUE TO (OR AS A	CONSEQUENCE OF):	par	ncyto	ponia ete Co		Onset and Beatl
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office 29e. PLACE OF INJURY — All home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	PART ii. Other algnificant condition	ons contributing to death b	out not resulting in	the underlying	ceuse given in	PERFORM	EO?	COMPLETION OF CAUSE OF DEATH?
27. MANNER OF DEATH 1	EXAMINER?				ACE OF DEATH (C)	eck only one)		
29a. CERTIFIER (Check only one) 29a. PLACE OF INJURY — All home, farm, street, factory, office 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 29d. DATE SIGNED (Month, Dey, Year) 29d. DATE SIGNED (Month, Dey, Year)	27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	IRY AT		JURY OCCURE	D
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Invert) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3 Suicide 6 Could not b	28e. PLACE OF INJURY	/ — Al home, farm, stre				nd Number or Ru	ral Route Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	(Check only							rse(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	1 Caut	Ma					
				rint)		(



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous atting only the interior by the hospital or attending physicis
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by me man and man are as the burial-to the partial-to t
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notlined at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH A	ND MEN	TAL HYGIEN REG. NO.		29002	
	1. DECEDENT'S NAME (First, Middle, Last Anna Bernadette	*			2. 0/	TE OF DEATH		3. TIME OF DEATH 11:00 A. M	
	4. SOCIAL SECURITY NUMBER 218-52-2572	5. SEX 6. AGE 1 1 M 2 🖾 F 78	(In yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR		7. DATE OF BIRTH 1 1 Month Cay 199/12 8. BIRTHPLACE (State or Foreign Country)			
OR	9a. FACILITY NAME (If not institution, give Good Samaritan			altimore Ci	July State of State o				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			N OR LOCATION			11/21	10d, INSIDE CITY	
	Maryland N/	A		more City				LIMITS?	
FUNERAL	100. STREET AND NUMBER 4600 Eugene Ave	nue		- 10f. ZIP COOE 21206				F WHAT COUNTRY?	
ONE	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	VU.S. ARMEO	13. WAS DECENDENT OF	HISPANIC OR	GIN? (Specify Yes	U.S.A.	ACE — American Indian	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 (A) NO	tt yes, specify Cuben, 1 — YES 2 NO	Maxican, Puar	to Rican, etc.)	В	lack, White, atc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16s. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working		16b. KIND OF BUS	INESS/INDUSTR	Y	
APLE	8th Grade	College (1-4 or 5+)	Seamstress	•		Jeffers	on - So	on	
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Dobropol	ski		18. МОТНЕР Јоѕер		it, Middle, Malden	Sumame)		
0	19a. INFORMANT'S NAME (Type/Print)	- 12	19b. MAILING ADDR	ESS (Street and Number or	Rural Route N	umber, City or Town	n, State, Zip Code)		
	Jeannette J. En			Park Cour					
	1 Buriel 2 Cremetion 3 Res	noval from State	PLACE AND DATE OF DISP etery, cremetory or other pla t. Stanisla	ius Cemeter			cation — City of	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L			2 NAME AND ADDRESS	OF FACILITY				
	23. PART I. Enter the disesses, or shock or heart fallure	M. hugy	4/	415 Belair	Road,	Baltin	ore, Ma	aryland 21206	
CERTIFICATION	anock, or heart failura immediate CAUSE (Final disease or condition resulting in death) For ME., Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. Atheroscle Due to (or as a Diabeto)	consequence of: MI Hity consequence of:					Approximate interval Batween Onest and Desth	
MEDICAL	PART II. Other significant condition Hypertexion: Re	ns contributing to death b nal Insufficial plines is Type	ut not resulting in the	undarlying cause give	en in Part i.	24a. WAS AN / PERFORI	MED?	PAID, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	TH (Check only	one)			
2	1 N YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 EB/Outp		lursing Home 5 - Reald					
2 2	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		ESCRIBE HOW IN	JURY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be detarmined						al Route Number,		
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.							e(a) and manner so stated		
	29b. SIGNATURE AND TITLE OF CERTIFIC			29c, LICENS		ma prever, and		ED (Montif. Day, Year)	
	Juphen &	Duddenso		1 .	0583		· 10/	25/91	
	Dr. Stephen Smale		ATH (ITEM 27) (Type, Print)				- 1	/ - !	
	31 DATE BILED (Month, Day, Year) 00 25 1991 4	32 REGISTRAR'S SIGNA	TURE						
	00125 1991 9	unia Davidson-Mana	المالات						

Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle,	Last)	CENTI	FICATE OF	JEATH I	REG. N	0.					
LILIJIAN	т	LANE			2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8, BIRTHPLACE (State or Foreign				
213-38-9385 9a. FACILITY NAME (# not institution,	1 🗌 M 2 💢 F	76 YAS.	MONTHS DAYS	HOURS MIN.	Dec. 25	1914	Maryland				
UNION MEMORIAL RESIDENCE OF DECEDEN		ORE CTTY		9c. COUN	ITY OF DEATH						
Maryland 100. STREET AND NUMBER	Maryland Balti					own or Location 10d. Inside city Limits?					
3717 Gibbons A	ve.		10f.	21206		10.7	S.A.				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 X NO WAR OR DATES	Il yes, spec	NDENT OF HISPANI city Cuban, Maxican, 2 X NO Specity:	ORIGIN? (Specify) Puarlo Rican, atc.)	fea or No-	14. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5 of 4 VY S	(Give kind o	s USUAL OCCUPATION f work done during most use retired.) i C+	N t of working	16b. KIND OF B	USINESS/INDI					
17. FATHER'S NAME (First, Middle, Las		Reddish		18. MOTHER'S NAM	E (First, Middle, Maide		Forman				
19a. INFORMANT'S NAME (Type/Print) Mrs. Marion F.		19b. MAILIN	O ADDRESS (Street and	d Number or Rural Ro	ute Number, City or To	own, State, Zip					
20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 4 Donetion 5 Other (Specify)		20h PLACE AND DATE	OF DISPOSITION (Nom	an of	DATE 200 I	OCATION O	No. T. Acc				
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE Paul L	Hartsock, Jr.	other place) top Servic	D ADDRESS OF FACE	. <u>8/91 1</u> ⊔π Balt	owson, imore	MD. MD 21214				
23. PART I. Enter the diseases, or complications that aused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Leonard J. Ruck, Inc. 5305 Harford Rd. Approximate intervel Batween Onset and Death Onset and Death Onset and Death											
IMMEDIATE CAUSE (Final disease or condition	ure. List Dnly ona can	ise on aach line.	not enter the mode	e of dying, such	ICK, Inc.	piratory arre	at, Approximate				
IMMEDIATE CAUSE (Final disease or condition	a. Muto DUE TO DUE TO C.	ise on aach line.	Carcin (e of dying, such	ICK, Inc.	piratory arre	at, Approximate				
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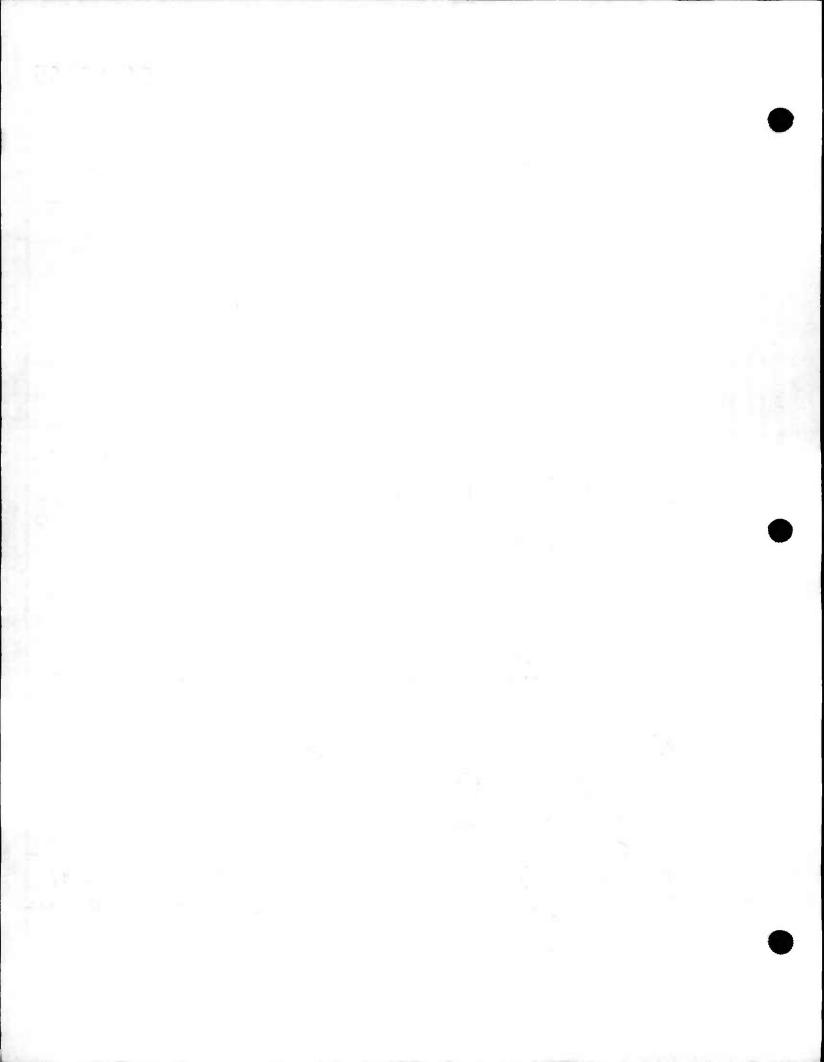
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	y the funeral director, page 5 should be detached for use as the burial-trooval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

SOCIAL SCORES NAME (PINE ALABA LAND A SOCIAL SCORES NAME	_	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPART CERTIFI	MENT OF HI	ALTH AND I	MENTAL HYGIEN		29064	
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2.1.3—7.4—4.779			<u> </u>		,		10 20		1/150Pm	
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The reformant's Name (specified) We have reformed the state (specified) We have reformed the state (specified) We have th						IS. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
MR. ROBERT LEMBACH 200, METHOD OF DISPOSITION 1.0 Suret 2 Committed 3 Removal from State 200, METHOD OF DISPOSITION 1.0 Suret 2 Committed 3 Removal from State 200, METHOD OF DISPOSITION 1.0 Suret 2 COMMITTED CALLES TO TOWN (South) 2.1 Sought first 6 Follents Service LICENSEE 21. Sought first 6 Follents Service LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Endet hij diseases, or complications type caused the death. Do not enter the mode of dying, auch as cerdies or respiratory arrest, interval Between conditions, and constitutions of each on each line. MINEDIATE CAUSE (Finel disease or conditions) 23. PART II. Endet hij diseases, or complications type caused the death. Do not enter the mode of dying, auch as cerdies or respiratory arrest, interval Between Conditions, and the conditions, and the conditions of the conditions, and the conditions of the co	BE							NES		
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AND ALL PRINCE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY At home, ferm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 296. CERTIFIER (Check only one) 296. DATE OF INJURY — At home, ferm, street, factory, office 296. DESCRIBE NOW INJURY OCCURED 296. DESTRIFIER 296. DESCRIBE NOW INJURY OCCURED 296. DESTRIFIER 296. DESTRIFIER 296. DESCRIBE NOW INJURY OCCURED 296. DESTRIFIER 297. DESTRIFIER 298. DESTRIFIER 299. DESTRIFIER 299. SIGNATURE 299. SIGNATURE 299. SIGNATURE 299. SIGNATURE 290. DESTRIFIER 290. D		PART ii. Other significant condition	na contributing to de	ath but not reaulting in	the underlying	euse given in i	Part i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
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See Place of Injury — At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							_		TES 27 NO	
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See Place of Injury — At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	YSI	1 VES 2 NO				5 🗆 Residence	8 Other (Specify)			
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day Year) 31 Phra FLEBY Month, Day Apay 2 Accident Investigation Investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day Year) 29d. DATE SIGNED Month, Day Year) 21 Phra FLEBY Month, Day Apay 21 Phra FLEBY Month, Day Apay 22 Accident 23 LOCATION (Street and Number or Rural Route Number, date and place, and due to the cause(e) end manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day Year)	F	_	28e. DATE OF INJ (Month, Day,	URY 28b. TIME (bar) INJUS		Y AT	28d. DEŞCRIBE NOW IN	JURY OCCURE	D	
4 Nomicide determined building, atc. (Speciny) 29e. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29e. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year) 30. NAME AND ATTRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31 PAPE TLEBY (Month, Day Year) 31 PAPE TLEBY (Month, Day Year) 31 PAPE TLEBY (Month, Day Year) 32 PAREGISTRAR'S GIGNATURE	B	2 Accident Investigation			M 1 TYE					
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day Year) 30. NAME AND ATTERESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31 PARE TLEBY Month, Day April 1 32 AREGISTRAR'S SIGNATURE	8	o Codid Hot be	28e. PLACE OF IN building, atc.	IJURY — At home, ferm, atri (Specify)	eet, factory, offica		28f. LOCATION (Street ar City or Town, State)	nd Number or Re	ural Route Number,	
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32AREGISTRAR SISTEMATURE		PALL E	CONPLETED CAUSE OF	F DEATH (ITEM 27) (Type, P.	TON (S	road:	urce 12	1/4	UST)	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeral director, page 5 should be detached the funeral programment of temporal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH		91	2
cedent's NAME (First, Middle Stanley L.	Lauer	2. DATE OF DEATH DAY	YEAR	3. TIM

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN REG. NO.	E	1 2300	
1. DECEDENT'S NAME (First, Middle Stanley L	//				2. DATE OF DEATH DATE OCT. 21 1	NY YE	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 219-28-9103	5. SEX 6. AGE	(In yrs. last birthday) 63 vns.	IF UNDER 1 YEAR MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	- (BIRTHPLACE (State or Foreign Country) Maryland	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
10406 Bird	River Road		Mic	dle Rive	r	BAltimore		
	BAltimore	10c. CITY	TOWN OR LOCAT	on lle River		10d. IN		
10406 Bird	River Road	J	101.	ZIP CODE 21220		10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		cify Cuban, Maxicar	IC ORIGIN? (Specify Yes s, Puerlo Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
	T'S EDUCATION set grade completed) College (1-4 or 5+)		isual occupation of done during most retired.)	t of working	16b. KINO OF BU	SINESS/INOUS		
17. FATHER'S NAME (First, Middle,	Last)			18. MOTHER'S NAI	AE (First, Middle, Maiden	Surname)		
William					ole Flynn		22 (1)	
19a. INFORMANT'S NAME (Type/Pr					loute Number, City or Tow			
Lillian Lau 201, METHOO OF DISPOSITION		b. PLACE AND DATE			DATE 200. LO		21220 or Town, State	
1 Paurial 2 Cremation 3	☐ Removal from State of	cemetary, crematory	or other place)		1			
4 Donation 5 Other (Spec		Gardens		D ADDRESS OF FAC		ssvill	e Md.	
Comell	y Funcial	Home			alHome 30	0MAceA	ve. 21221	
23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	of or complications that cause on a faculty one cause on a faculty or	ed the death. Do not be ach line.	I inta	de of dying, auch	a cerdiec or resp	iratory arrest	Approximate Interval Betwee Onset and Da	
reading in deem)	DUE TO (OR AS	A CONSEQUENCE OF	: 0					
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	A CONSEQUENCE OF			7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	d							
	Histructure lu	but not resulting in		g cause given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO ME	DICAL T		28. PI	ACE OF DEATH (Ch	nck only one)			
EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	1	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIMI	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUP	RED	
1 Natural 5 Pend	ing (Month, Day, Year)	INJ						
2 Accident investigation 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)							Rural Route Number,	
(Crieck Orly)	IG PHYSICIAN: To the best of my kno						ause(a) and menner as stated	
29b. SIGNATURE AND TITLE OF	CERTIFIER	m X		29c LICENSE NUM	IBER	29d. DATE 8	IONED (Month, Day, Year)	
30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAUSE OF D			901	N 0 4		77-11	
J. CROSSAN	O Denovard,		Dunda	HLK A	VE., B	ALTO	mb. 212	
31. DATE FILED (Month, Day, Year)	1991 32. REGISTRAR'S SIG	* * 70 *	02,					



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 20 10 23 91 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH YRS. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10e. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY more YES 2 NO 16 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 446 11.5. 11. MARITAL STATUS WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puarto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 14. RACE Black, hours after death. Page 6 may be retained by the hospital or attending providing 1 Never Married 2 Morried 84 3 Widowed 4 Divorced 1 TES 2 NO Specify: use as the COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for In the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 ite, Zip Code must be 20 METNOD OF DISPOSITION
12 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION DATE 4 ☐ Donation 5 ☐ Other (Specify) 10/28h 701 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY raren medical 23. PART I. Enter the diseasea, pr complications that ceused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory shock, or heart fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition executed within resulting in death) Montero traumatic event, DUE TO OR AS A CONSEQUENCE OF): Use CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease Dr injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. that the PHYSICIAN: MEDICAL 24n. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? Item 23 shows any 1 TES 2 NO requires 1 YES 2 NO AW. 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TES 2 NO HOSPITAL DR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the SIMPORTANT: If Item 28 Is marked, or I 4 - Nursi ng Nome 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED Could not be 4 Nomicide datermined 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(e) and menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner so stated.

WNO COMPLETED CAUSE OF DEATH (TEM 27) Type, Print

REGISTRAR'S SIGNATURE

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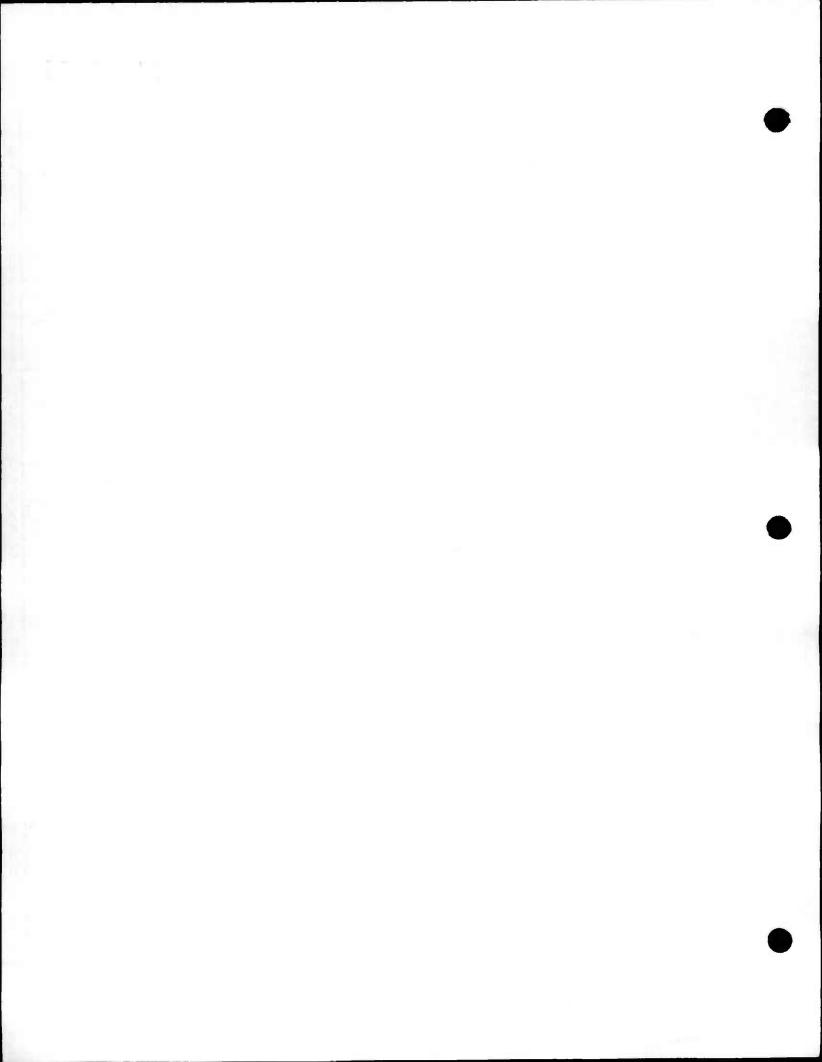
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199

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)
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29d, DATE SIGNED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND/ Ce	DEPAI	ICAT	T OF H	DEA	AND	MENT				
	1. DECEDENT'S NAME (First, Middle, Last)				107		שבת	-		REG. N			3. TIME OF DEATH
	KEVIN				ΜI	LTOI	N		100	ITH	23	YEAR	10:10 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER	R 1 YEAR	IF UNDER			E OF BIRTH		6. BIRTH Country	PLACE (State or Foreign
	218-78-2367	XX M 2 □ F	23	YRS.	MONTHS	DAYS	HOURS	MIN.		13/68		Ba 1	timore
00	9e. FACILITY NAME (If not institution, give s	street and number)					OR LOCATI				9c. COUN		
Ē	SINAI HOSPITAL BALTIMORE CI							CI	TY				
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN								10d, INSIDE CITY
	Md. Bal	timore			Balt	imor	e.				1X YES 2 NO		
FUNERAL	10a. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	EN OF W	/HAT COUNTRY?
岁	3901 Oakford Ave						2121	5			U	I.S.	Α.
5	11. MARITAL STATUS 1 X Never Merried 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPA	NIC ORIG	in? (Specify)	es or No-	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specia	fy:			Specif	
8	15. DECEDENT'S EDU	CATION	18e. DE0	CEDENT'S	USUAL O	CCUPATIO	ON .		1	Sh KIND OF B	USINESS/INDU	STOV	Diack
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<u> </u>						N	lone						
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NA	ME (First	, Middle, Maide	n Surname)		
BE	John Milton,	Sr.									es Sin		tary
욘	19e. INFORMANT'S NAME (Type/Print)										wn, Stete, Zip (
	Katherine Single	tary					_	Bal			d. 212		
	1 🖟 Burlai 2 🗌 Cremetion 3 🗌 Rame	oval from State	20b. PLACE A cemetery, cren				me of		10	/	OCATION — CI		
	4 Donellon 5 Other (Specify) Western Star 10/29 Baltimore, Md								Md.				
	> 1/1/haa /-	Story	1							Commu	nity F	unei	ral Home
-	no Purel Figure 11				1 1	206-	NR W	No	nth	AVA.	Raltim	Ore	Md. 21217
	23. PART i. Enter the diseases, or o shock, or heart failure.	List only one csu	se on each line.	ith. Do i	not enter	the mo	de of dyi	ng, auc	h aa ca	rdiac or rea	piratory arre	nt,	Approximate interval Between
	IMMEDIATE CAUSE (Final Onset and Death									Onset and Death			
	resulting in death)	DUE TO	OR AS A CONSEO	UENCE O	D:	W.	1110	ς ω	OUR	N3 1	יוטוי כ	>0	-
z	a. STAB WOUND AND CULTING WOUND TO TORS O DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause, Enter UNDERLYING CAUSE (Disease or injury												
Ë	that initiated events reaulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE O	F):								
빙	d												
AL.	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPORTO AND ABLE PRIOR TO												
DICAL										1 YES			AVAILABLE PRIOR TO COMPLETION OF CAUSE
W.										P			OF DEATH? 1 ₽ YES 2 □ NO
ÿ													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- 1	OTHER		ACE OF DE	ATH (Ch	eck only o	one)			
KS	1 X YES 2 NO	1 Inpatient 2			4 🗆 Nun	ling Home		eldence	s 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Da	INJURY y, Year)	28b. TIM INJ	E OF URY	28c. INJU	RK?		28d. DE	SCRIBE HOW	INJURY OCCU	RED	
B	2 Accident Investigation	10/23	/ 9 1 INJURY — Af hom	1:17	P ^M		ES 2 X	NO		0	was s		
	3 Suicide 8 Could not be determined	building,	etc. (Specify)		eet	ory, office			261. LO	CATION (Street	RISON	Rural Ro	oute Number,
9	29e. CERTIFIER			-									1 V D .
COMPLETED	(Check only	CIAN: To the best of a	my knowledge, das	th occurre	d at the fi	me, data	and place,	end due	fo the co	iuse(e) end m	inner se stated		
8			emination and/or in	vestigatio	n, In my o	pinion, de	eath occur	ed at the	tima, dat	e end plece, e	nd due to the	Cause(a)	end manner ee atated.
8	294 SIGNATURE AND TITLE OF CERTIFIER	16,11	un				29c. LICE						Month, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIF	F OF DEATH OFFI	270 (5	Dair 1		O.C	. M .	E.		▶10/	241	(91
	HAMPMON DIK	OLSW				REET	C.BA	LTI	MOR	E.MAR	YLAND	21	1201
	31. DATE FILED (Month, Day, Year)	22. REGISTRA					,			- y - * * * *		4	
	OCT 25 1991	Schia David	son-Aande	22									

PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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CIAN: Th	ertificate the State	or item
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TTENDIN	THE FUNERAL DIRECTOR: After the filed within 72 hours after death v	28 is m
O THE HOSPITAL DR ATTEND	L DIREC	f item
HOSPIT	FUNERA Within 7.	TANT:
10 THE	TO THE FUI	IMPOR

	FOR 1 - STATE	STATE OF N					MENTAL HYGIEN		29068	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CER	TIFICA	TE OF	DEATH	REG. NO			
	DOROTHY E.			MADET	N				3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birt	MARTI	DER 1 YEAR	IF UNDER 24 HRS.	10 24	91	6:42 AM M BIRTHPLACE (State or Foreign	
	220 22 8395	1 🗆 M 💥 🗆 F	611	YRS. MONTH		HOURS MIN.	Jan. 21	1927	Maryland	
	9e. FACILITY NAME (If not institution, give et	reet and number)		9b. C	ITY, TOWN O	OR LOCATION OF D			Y OF DEATH	
R	NORTH ARUNDEL HOSE			URNIE						
DIRECTOR	10e. STATE 10b. COUNTY	11411 1451						A.A. COUNTY		
E		imore		De. CITY, TOW		ION			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	TIME		Ess		. ZIP CODE			1 YES 2 NO	
FUNERAL	555 Welbrook Rd.					21221	117	SA		
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED) 1	13. WAS DEC		NIC ORIGIN? (Specify Yes	_	I. RACE — American Indian,	
BY F	1 Never Married 2 Merried 3) Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO		If yee, spe	2 NO Specif	en, Puerto Rican, atc.)		Bleck, White, etc.	
								1	Specify: White	
=	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give k	ENT'S USUAL and of work don NOT use retired	ne durina mos	on st of working	18b. KIND OF BU	SINESS/INDUS	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	House						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			110 036	WILE	16 MOTHER'S NA	ME (First, Middle, Meiden	ome		
BEC	Whitford C	. Tress				Marga	aret E. Gra	y.		
10 B	190 INFORMANT'S NAME (Type/Print) Thomas W. Martin	Jr. S	on 760	AILING ADDRE	ess (Street at		Route Number, City or Tow.		ode)	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town States									
	4 Don time 5 Other (Specify) 1 Secretary 10/26/9Paltimore 60., Md. 22. NAME AND ADDRESS OF FACILITY.									
	Bruzdzinski Funeral Home PA									
	23. PART I. Enter the diseases, or complications that ceuced the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arreet, ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR & A CONSEQUENCE OF): 1407 Fastern Ave. Boltimore Md 21221 Approximata intervel Between Onset and Deeth Onset and Deeth									
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury a.									
ERTIF	that initiated evente reculting in deeth) LAST	DUE TO (OR AS A CONSEQUEN	ICE OF):						
: MEDICAL	PERFORMED? AVAILABLE PRIOR TO							COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL		· · · · · · · · · · · · · · · · · · ·		26. PL	ACE OF DEATH (Ch	eck ank and			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 0	OTHI	ER:		6 Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF	NJURY 28	b. TIME OF	28c, INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCUP	RED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)	INJURY M	1 V	RK? ES 2 NO				
<u>a</u>	3 Suicide 6 Could not be determined	28e. PLACE OF building, o	INJURY — At home, f rtc. (Specify)	ferm, street, fa	ectory, office		281. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,	
LET	290. CERTIFIER (Check only	AN: To the best of	my knowledge death o	occurred at the	a time data	and alone and due				
COMPL	(Check only one) 2 MEDICAL EXAMINER	On the basis of ax	mination end/or invest	tigation, in m	y opinion, de	end place, and due	time, data and placa, and	ner se stated. I due to the c	euse(e) end menner as stated.	
BE	299. SIGNATURE AND TITLE OF CERTIFIER		del	u		29c. UCENSE NUN	ABER 69U	29d. DATE S	IGNED (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERCON WHO		200			2000	٥٨٦	10	124191	

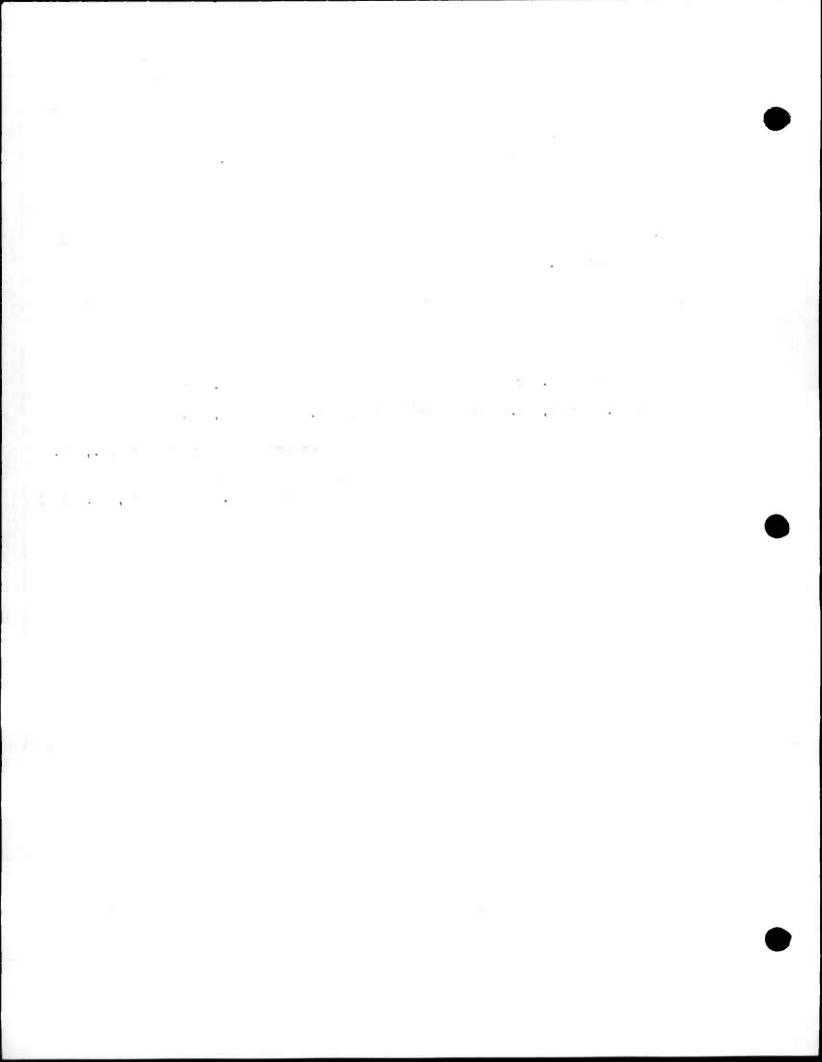
SW, #201/GLEN

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KHANDELWAL, M.D./1600 CRAIN HISHWAY, BASANT Κ. KHANDELWAL, 32. REGISTRAR'S SCHATURE

DHMH-16 Rev 1/89

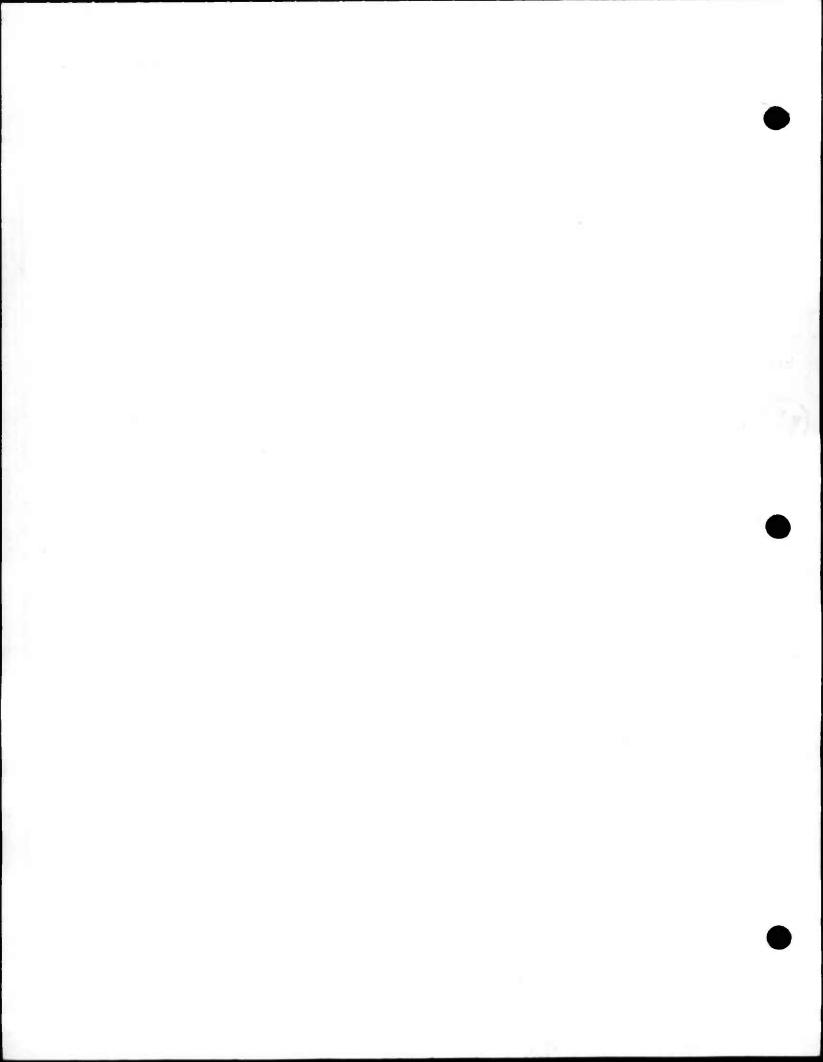
BURNIE,



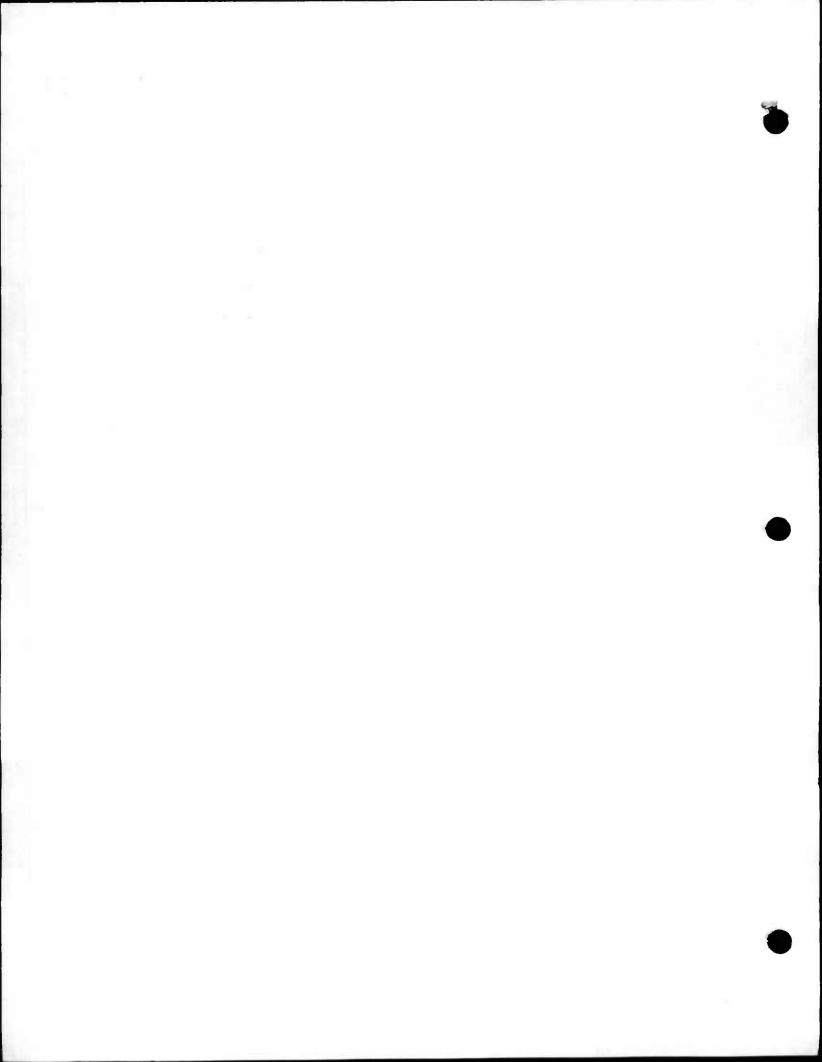
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RYLAND 21215-0020

9	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DE	ATH			3. TIME OF DEATH	
	J.	ÆR.					MONTH DAY			YEAR	2 : 40 Am				
	4. SOCIAL SECURITY NUME	A. NEWCOME 5. SEX 6. AGE (In yrs. last t								тн		6. BIRTHI	PLACE (State or Foreign		
- 1	214-29-049	1½ M 2 □ F 1			MONTHS	DAYS	HOURS	MIN.	01	(Month, Day, Year)			1)		
	Se. FACILITY NAME (If not institution, give street and number)						96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
R	THE JOHNS HOPKINS HOSPITAL						LTI	ORE				BAT.7	TMOR	E CITY	
ᇈ	RESIDENCE OF DECEDENT											DITE	111010	5 0111	
DIRECTOR	MARYLAND	10c. CIT	ry, town								10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		BA	LTIM	ORE						1 X YES 2 NO				
l ₩		LIECT	41ST STR	T D D			10					10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	RMED	13	WAS DEC	212		IIC ORIGIN? (Spe	alde Me a			USA - American Indian.				
	TX Never Married 2	NO		If yea, sp	ecify Cubi	in, Maxica	n, Puarto Rican,	atc.)	OI NO-	Black,	, White, etc.				
ВУ	3 Widowed 4 Divo	rced	(2 = 1.55 - 2			N.	ороспу	,			Specify	WHITE			
빌	15. DEC (Specify only	CEDENT'S	USUAL O	CCUPATIO	ON ost of worki	na	16b. KIND	OF BUS	DUSTRY						
COMPLETED	Elementary/Secondary (0	e. Do NOT use retired.)													
M	-0-														
	XXXXXXXX		RONALD A	MERICON						ME (First, Middle,					
BE	19a. INFORMANT'S NAME (7)		KUNALD A			ADDRES	C /Ctmat			STINE SU					
2	RONALD A.		MER							BALT					
	20a. METHOD OF DISPOSITI	ON		20b. PLACE					. KEE I				City or Tow		
	P Burlel 2 ☐ Crematio Donation 5 ☐ Other	n 3 🗆 Ramo (Specify)	oval from State	cametery, cre	matory or o	ther place			10/					ARYLAND	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	, /		22.	NAME A	AD ADDRE	SS OF FAC	CILITY				ARYLAND	
	1 /a	all	an	- ()	A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211										
	23. PART I. Enter the di	seases, Dr c	omplications the	ot coused the de	ath. Do r	not enter	the mo	de of de	IND A	VENUE,	BAL	то.,	MD.		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on eactMine. MANUAL PLANTS CAUSE (Fig. 4)														
	IMMEDIATE CAUSE (Finel disease or condition														
i	disease or condition resulting in death) a. CARDAC TRANSPLANT 265 (COTION (PLOBABLE) BUE TO (OR AS A CONSEQUENCE OF): 3 dains														
Z	Person E seprir														
CERTIFICATION	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
2	CAUSE (Disease or injury														
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST														
CE	d														
AL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO														
MEDICAL	THE STATE OF THE CO											COMPLETION OF CAUSE OF DEATH?			
ME										_ 7	85	Some		1 TES 2 NO	
ä															
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ock only one)					
PHYSICIAN	1 YES 2 NO		1 Inpatient 2			4 🗆 Nur	sing Hom		sidence	6 Other (Speci	My)				
	6-1	Pending	28a. DATE OF (Month, D		28b. TIM INJ	E OF IURY		RK?		28d. DESCRIBE	HOW IN	JURY OC	JRY OCCURED		
ВҰ	2 Accident	nvestigation	28e PLACE O	F INJURY — A1 ho		M		rES 2	NO						
9		Could not be letermined	building,	atc. (Specify)	rriw, twests, t	etreal, laci	tory, office			281. LOCATION (City or Town	(Street ai	nd Number	or Rural Ro	ute Number,	
COMPLETED	29a. CERTIFIER	EVINO BUVOIO		Switchers.											
₽ I	(Check only one) 2 MEDI	CAL EXAMINER	CIAN: To the best of	my knowledge, de	ath occum	ed at the t	ime, deta	and place,	, and dua	to the cause(s) a	nd man	ner ea sta	led.	and manner as stated.	
	290. SIGNNEUPE AND TITLE	4				71, 111 my C	pinon, u				ace, and	due to th	e cause(s)	and manner as stated.	
B	J. Lif	1. 2						29c. LICE	NSE NUM	BER		29d, DAT	E SIGNED	(Month, Day, Year)	
2	30, NAME AND ADDRESS OF	P RSON WHO	COMPLETED CAUS	SE OF DEATH ATER	4 27) (Time	Print1		xJ4.	1475	76457	3		2/0	3/7/	
	REPORT SI	REENEL	1 0	ed The	TRUM	5 Hes	KIRL	16:00	17)	600 N- We	0	tr o	17.4.0	10 M 3133	
	31. DATE FILED (Month, Day, 1	(bar)	32. REGISTRA	R'S SIGNATURE	9-1111	1-1		11000		N-LJE	LIE .	J, 50	12///98/7	(M) 2/205	
	OCT 25 199	11 du	his Davidson	- Randell										Ì	



	1 - FOR STATE OF MARY REGISTRAR	LAND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIE	IVE	29070							
	1. DECEDENT'S NAME (First, Middle, Lest)	James			2. DATE OF DEATH	C1	YEAR 3. TIME OF DEATH							
			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	4 1	BIRTHPLACE (State or Foreign Country)							
	2/8 46 52 90 X === 4	3 YRS.	122		11 18	47 V	irginia							
OC.	9e. FACILITY NAME (If not institution, give street and number)		DE. CITY, TOWN O	R LOCATION OF	DEATH		Y OF OEATH							
DIRECTOR	Good Samaritan Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY													
뜽							10d. INSIDE CITY LIMITS?							
	Maryland 10e. STREET AND NUMBER	Ba	ltimor	ZIP CODE		Total Control	1- YES 2 □ NO							
FUNERAL	1552 Northbourne Road		101.				N OF WHAT COUNTRY?							
3	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DEC	21239	UNIC ORIGIN? (Specify Y	USA								
	1 Never Married 2 Married FORCES? 1 YES	3 2 NO	If yes, spe	city Cuban, Mexic	an, Puerto Ricen, etc.)	es or No— 1	4. RACE — American Indian, Black, White, etc.							
B	3 Wildowed 4 Divorced Viet Nam	DATES	1 LI YES	2 XNO Spec	lfy:		Specify: Black							
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b, KIND OF B	JSINESS/INDUS								
	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use	rk done during mos retired.)	st of working										
A P		Truck	Driver											
COMPL	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S N	AME (First, Middle, Malde	n Sumeme)								
ш	James E. Parker, Sr.				an Simmo									
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILINO A	ODRESS (Street ar	nd Number or Rurel	Route Number, City or To	wn, State, Zip C	ode) 22701							
F	Vivian S. Parker						23701 Virginia							
	20a. METHOD OF DISPOSITION 20	b. PLACE AND DATE OF	DISPOSITION (Nat											
	1 Buriel 2 Cremetion 3 Removal from State 64 Donation 8 Other (Specify)	metery, cremetory or othe	r place)	1 0	0ATE 20c. L									
	21. SIGNATURE OF FUNERAL SERVICEALICENSEE Hampton National Com. Hampton, Virginia													
	Lery grans		Leroy	Harri	s F/H Ba	1 timo	ilmor St. re,Md 21212							
	23. PART I. Enter the diseases, or complications that cause shock, or heart feliure. List only one cause on	ed the death. Do not	enter the mod	le of dying, suc	ch as cerdiac or resp	piratory arrea	t, Approximate							
	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	B (9mi	hocere	floot	alle	1	Interval Between Onset and Death							
	DUE TO (OR AS A CONSEDURNCE OF):													
S I	Sequentially list conditions,													
CERTIFICATION	tif any, leading to immediate cause. Enter UNDERLYING													
유	CAUSE (Disease or Injury C.													
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
B	d													
A	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?													
		AVAILABLE PRIOR TO COMPLETION OF CAUSE												
		OF DEATH?												
ž							1 TES 2 NO							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL/	NCE OF DEATH (C/	neck only one)									
Sic	1 YES 2 NO HOSPITAL: Inputlent 2 ER/Out		THER:		8 Other (Specify)									
È	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME C	F 28c. INJU		RED.									
BY	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR		IK7 ES 2 NO	28d. DEŞCRIBE HOW									
	3 Suicide 8 Could not be 28s. PLACE OF INJUR	r — At home, farm, stre			281. LOCATION (Street and Number or Rural Route Number,									
E	4 Homicide determined building, etc. (Spe	icify)			City or Town, State)	rusar rodio resinoes,							
빌	29e, CERTIFIER	Land Committee NVV	14 - 15 - 14											
COMPLET	(Check only one) Certifying Physician: To the best of my know one) MEGICAL EXAMINER: On the best of examination	on and/or lowestants	n the time, date o	and place, end due	to the cause(a) end me	nner es stated.								
	2 MEDICAL EXAMINER: On the besis of examination		m my opinion, de	mn occured at the	time, date and place, e	nd due to the c	euse(s) end manner es stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29¢ LICENSE NUI	WBER	29d. DATE S	IGNEO (Month, Day, Year)							
2	30 NAME AND ADDRESS OF PERSON HINGS			DY	obd.	10	124/41							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)			-740								
-	31. DATE FILEO (Month, Day, Year) 22. REGISTRAR'S SIGN													
	OCT 25 1991 Shia Davidson	A												
	- Massing and Jana Danieson-	nanaece												

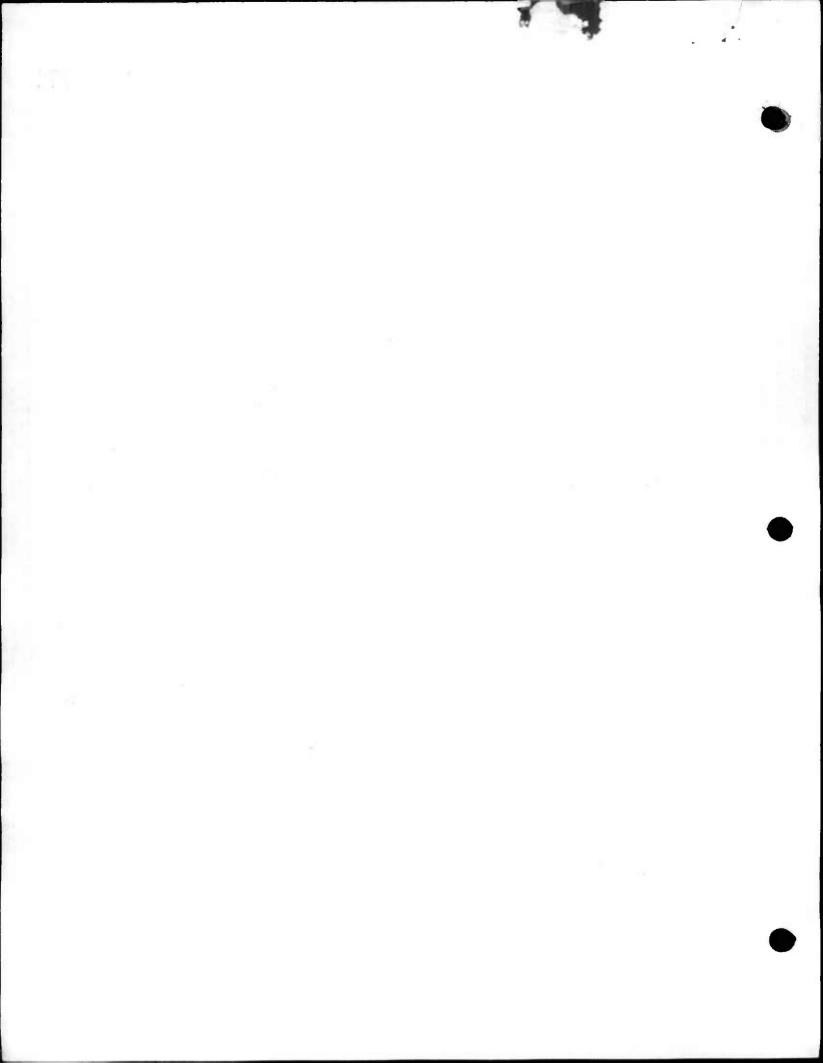


68760, BALTIMORE, MARYLAND 21215-0020-	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	!: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bugglet permit. Pages 1, 2, 3 reach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner of the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

should

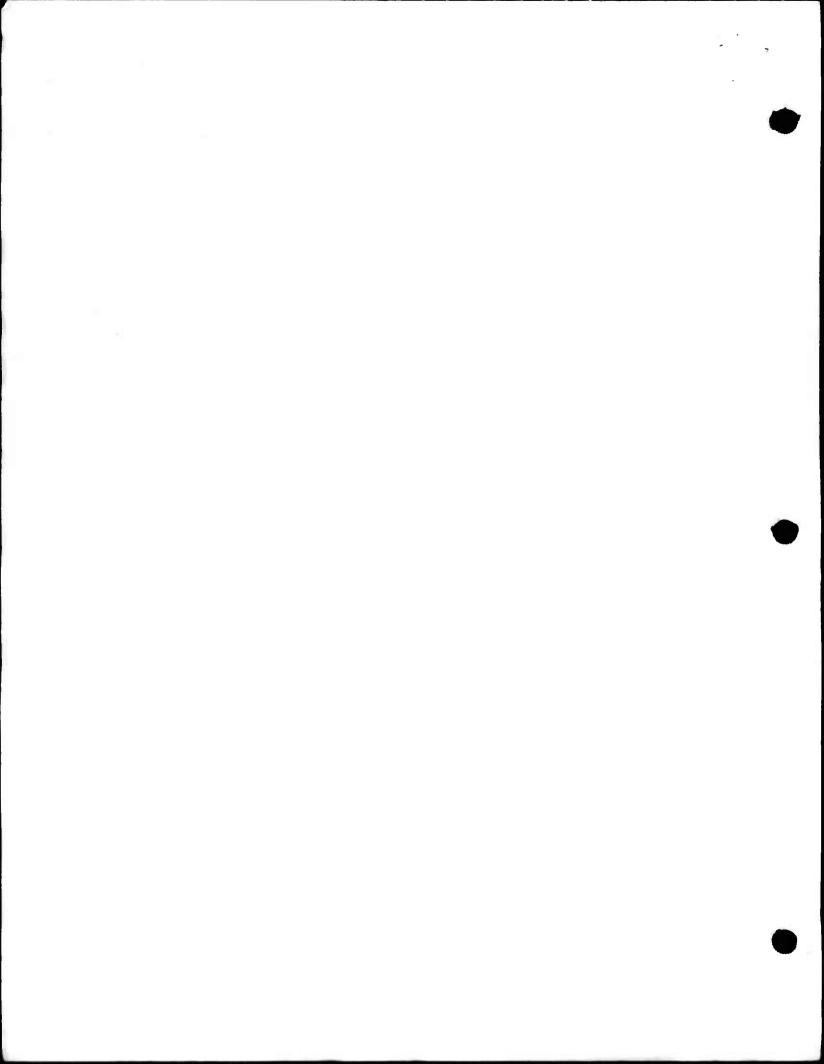
	1 - STATE REGISTRAR	SIMIE UF I	WARTLAND	ERTIF					MENIA	L HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH		
- 55	Carolyn Will	iams Pol	leyette						MONT			YEAR QQ1	9:35 p M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDE	R 1 YEAR	YEAR IF UNDER 24 HRS.			OF BIRTH	IPLACE (State or Foreign				
	214-18-5518	1 🗆 M 2 🖰 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	n, Day, Year) 28,	21	Count	ryland		
	9a. FACILITY NAME (If not institution, give st	reet and number)	- 70	-	9b. CIT	Y, TOWN C	OR LOCATION	ON OF DE		20,		NTY OF E			
8	1704 Park Avenu	٩			1	Balti	more				100		re City		
DIRECTOR	RESIDENCE OF DECEDENT					Jaici	Inore				Dal	CIMIC	ore city		
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?		
	Maryland Baltim	ore Cit	У		Ва	altin	nore	City	7		1 YES 2 NO				
¥.	104. STREET AND NUMBER					101	. ZIP CODI				10g. CIT	ZEN OF	WHAT COUNTRY?		
FUNERAL	1704 Park Ave	nue				21	217			U	.S.A	A. •			
5	11. MARITAL STATUS 1 Never Married 2 Married	RMED NO	13.	. WAS DEC	ENDENT C	F NISPAN	IIC ORIGII	N? (Specify Yes	or No	E — American Indian, k, White, atc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE V					specify Cuban, Maxican, Puerl ES 2 NO Specify:			Puerto Hican, atc.) Spec			White		
	15. DECEDENT'S EDUC	CATION	I m										White		
COMPLETED	(Specify only highest grade	completed)		Give kind of the Do NOT us	work done	during mo	ON st of workin	g	16b	. KIND OF BUS	SINESS/INC	DUSTRY			
2	Blementary/Secondary (0-12) 3 Years	College (1-4 or 5	*)												
3	17. FATNER'S NAME (First, Middle, Last)	nesio													
	, , , , , , , , , , , , , , , , , , , ,						18. MOTE			Middle, Maiden					
BE	George Polleye 19a. INFORMANT'S NAME (Type/Print)	tte								J. Wi					
2	Mrs. Lillian N.	Morrin	,							ber, City or Town			_		
	20a. METHOD OF DISPOSITION	Nevin						e E	_	more,		2121			
	1 ☐ Burial 2 🔀 Cremation 3 ☐ Remo	oval from State	cemetery, c	remetory or o	ther place	1			DAT		CATION —				
	4 Donatton 5 Other (Specify) Carroll Cremation Serv. 10/22 Hampstead, MD														
	22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.														
	Maria Maria														
	23. PARV I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreet, Approximate														
	IMMEDIATE CAUSE (Final														
	disease or condition resulting in deeth) . Metastatroling are														
ĺ	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially list and diluna 6.														
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
2	CAUSE (Disease or Injury														
쁜	that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
E	resulting in death) LAST														
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Psrt I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
DICAL	PERFORMED? AVAILABLE PRIOR TO														
									- 1	1 TYES 2	KNO		COMPLETION OF CAUSE OF DEATH?		
Σ									— I				1 TES 2 000		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL														
\overline{c}	EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DI								
₹	1 VES 2 NO	1 Inpetient 2		_		rsing Home		sidenca							
	Natural 5 Pending	28a. DATE OF (Month, D		28b, TIM INJ	URY		RK7		26d. DES	CRIBE HOW II	JURY OCC	CURED			
B	2 Accident Investigation				М		ES 2 [NO.							
		26a, PLACE O	FINJURY — At h	ome, farm, s	treet, fac	tory, office	1	- 1	28f. LOC.	ATION (Street a or Town, State)	nd Number	or Rural F	loute Number,		
	3 Sulcida 6 Could not be	building,	4 Nomicide determined building, etc. (Specify) City or Town, State)												
ETED	3 Suicida 6 Could not be 4 Nomicide datermined	bullding,													
PLETED	3 Suicida 4 Nomicide 6 Could not be determined	CIAN: To the best of	my knowledge, d												
OMPLETED	3 Suicida 6 Could not be 4 Nomicide determined	CIAN: To the best of	my knowledge, d) and menner as stated.		
E COMPLETED	3 Suicida 4 Nomicide 6 Could not be determined	CIAN: To the best of a:	my knowledge, d				eth occur		time, dets		dua to th	a cause(a			
H	3 Suicida 4 Nomicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of a:	my knowledge, d				29c, LICE	ed at the	time, dets		dua to th	a cause(a) and manner as stated. (Month Cosy, Year)		
	3 Suicida 4 Nomicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of a: / Whith	my knowledge, c	r Investigatio	n, in my		29c, LICE	ed at the	time, dets		dua to th	a cause(a			
띪	3 Suicida 4 Nomicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 3 SUICIDA 6 CERTIFYING PNYSIC DETERMINER 2 MEDICAL EXAMINER	CIAN: To the best of a: / Whith	my knowledge, c	r Investigatio	n, in my		29c, LICE	ed at the	time, dets		dua to th	a cause(a			



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYL			IENT OI				MEN	ITAL HYGIENI REG. NO.	Ε .	9	29072
	1. DECEDENT'S NAME (First,	ert	F.	Rc	bar.							DATE OF DEATH	Y	YEAR 9	3. TIME OF DEATH
- 9	4. SOCIAL SECURITY NUMBER 181-26-69		5. SEX		n yrs. last birth	MOI	UNDER 1 YEA	-	IF UNDER	24 HRS. MIN.	0	Month, Day, Year)	22	Countr	
	9e. FACILITY NAME (If not ins		7	58			CITY, TOV	WN OF	R LOCATIO	ON OF DE	_	eb.6, 19	_	Peni	nsylvania
Œ	Loch Raven			i+n1			Balt:								
5	RESIDENCE OF DEC	EDENT		LLai						JILY					
DIRECTOR	Manual and	10b. COUNTY			100	CITY, TO	OWN OR LO	DCATI		hea					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	Maryland 100. STREET AND NUMBER		Baltimo	re				10f.	ZIP CODE		LII		10g. CIT	IZEN OF V	WHAT COUNTRY?
ERA	3819 Souther	n Cros	ss Drive							2120	07		Uni	ted S	States
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED		13. WAS	DECE	NDENT O	F NISPAN	NIC O	RIGIN? (Specify Yea		14. RACI	E American Indian,
B	1 Never Merried 2 3 Uldowed 4 Divor		IF YES, GIVE				1 🛭	YES	2 XNO	Specify	и, Ри у:	erio Ricen, etc.)		Spec	
回		DENT'S EDU- highest grade			16e. DECEDE (Give kin	d of work	done during	ATIO	N t of workin	19		16b. KIND OF BUS	SINESS/IND	DUSTRY	
COMPLET	Elementery/Secondery (0-	-12)	College (1-4 or 5	+)		OT use re						Coodal	C		Administrati
ME	High School 17. FATHER'S NAME (First, Mi	ddle (ast)			Claims	EX	amine	er	16. MOTE	VER'S NA	ME (F	SOCIAL		rity	Administrati
	The restriction of the same in real, the		eorge Rel	oar				- 1	10. MO11	16.1 5 117	ime (i			ces l	Maskulka
) BE	19a. INFORMANT'S NAME (Ty		0		19b. MA	LING AD	DRESS (Str	eet er	nd Number	or Rural	Route	Number, City or Town	n, State, Zij	Code)	
5	Constance Re	bar			3819) So	uther	rn	Cros	ss D	ri	ve Balti	more	,MD	21207
	20a. METNOD OF DISPOSITION 1 Duriel 2 Commetto 4 Donetton 8 Difference		other place)		•			•	20c. LOCATION - City or Town, State Hampstead, Maryland						
	21. SIGNATURE OF FUNERAL GENVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Driectors, INC.														
	Josep	V	8728 Liberty Rd. Randallstown, MD 21133-47									MD 21133-4784			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or reaplratory arrest, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition e. ASDICATO Province e. ASDICATO PROVINCE e. ASDICATO P.														
CERTIFICATION	Sequentially list conditions in the conditions of the conditions o	diate NG ry	с		CONSEQUEN		nade	£	ùe/	a	1 6	Syndre	me		Tyears
ERI	resulting in death) LAST														
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO														
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					2	6. PL	ACE OF D	EATN (Ch	neck o	nly one)		_	
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	etient 3 🗆 D	OA 4	THER:	Nome	8 🗆 Re	eldence	8 🗆	Other (Specify)			
РНҮ	1 ☐ YES 2 → NO														
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined Setember 28. PLACE OF INJURY — At home, ferm, atreet, facts building, stc. (Specify)														
COMPLET	one)		ICIAN: To the best of												e) and manner ee stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	back	4					29c. LIC	ENSE NU	MBER		29d. DA	. 1	O (Month, Day, Year)
10	30. NAME AND ADDRESS OF	PERSON	HO COMPLETED CAN	JSE OF DE	ATH (ITEM 27)	(Type, Pri	int)	e	re :	54.	8	mitla	Ne		10616 Q

31. DATE FILED (Month, Day, Year)



mit. Pages 1, 2, 3 should

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	hours	
	24	67.00
,	within	
200	executed	
5	e e	
DIVISION OF WINE MECONDS, F.O. BOX 69769,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	
	death c	
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5	that	7 7
ווייייייייייייייייייייייייייייייייייייי	requires	
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	FOR							,		01	29073		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	SIAIE UF N					DEATH	MENTAL HY REC 2. DATE OF DE MONTH	3. NO.	1 '67	3. TIME OF DEATH		
7	4. SOCIAL SECURITY NUMBER	1. 4EX	8. AGE (in yrs. les	t birthday)	IF UNDER		IF UNDER 24 HRS.	MARINE Day		8. BIRT	THPLACE (State or Foreign		
	212-16-3210	1 □ M 2XXF	91	YAS.	MONTHS	DAYS	HOURS MIN.	9-15-1		Ma	aryland		
	9s. FACILITY NAME (If not institution, give street	at and number)			9b. CITY	Y, TOWN	R LOCATION OF	DEATH	9c. C	OUNTY OF	DEATH		
5	St. Agnes Hospital	L			В	alti	more Ci	ty	Ва	ltimo	ore City		
DI CONCRAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CI	ry, town	OR LOCAT	ION			10d. INSIDE CITY			
5	Maryland Baltin	nore Cou	inty	В	alti	more							
	10e. STREET AND NUMBER					10	. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
	7206 Dogwood Rd.						21207	A	U	SA_			
	11. MARITAL STATUS 1	I IF YES, GIVE WAR OR DATES						PANIC ORIGIN? (Spe Ican, Puarto Rican, a polly:		Bla	CE — American Indian, lock, White, atc.		
	15. DECEDENT'S EDUCAT	TION	16e. DE	CEDENT'S	USUAL O	CCUPATION	ON	18b, KIND	OF BUSINESS	/INDUSTRY	wnite		
	(Specify only highest grade co	ompleted) College (1-4 or 5	(G	ive kind of	work done ise retired.)	during mo	st of working						
6	12 years			ore	Owner	r		John	C. Re	iblic	h Agency		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First, Middle,					
	George Subock						Sevil	la Bush					
	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a	nd Number or Rur	ral Route Number, City	or Town, State	, Zip Code)			
	Mrs. Leona Mansfie	21d	7.	206	Dogwo	boo	Rd. Ba	ltimore,	MD	21207	7		
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Remove	al from Stata	20b, PLACE of cemetary	cremator	v or other	nisce)			20c. LOCATION				
	4 Donation 5 Other (Specify)		Mt. 0	live	Ceme	eter		24+91	Randal	1stow	m, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Fy me	5		Lo	orin		Funeral Rd. Ra					
	23. PARTI. Entar the diseases, or co	mplications the	t caused the de	ath. Do							Approximate		
	shock, or heert failure. Lie IMMEDIATE CAUSE (Fine) disease or condition										Onset and Deat		
ŀ	resulting in death) s.	1010	105(J	OUTNOT A	DED.								
		dition at ACIOSIS DUE TO (OR AS A CONSEQUENCE OF):											
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
	If any, leading to immediate cause. Enter UNDERLYING	SGP.			,.						İ		
	CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSE	OUENCE (OF):		7						
- 11	PART II. Other significent conditions	contributing to	daeth but not i	rasulting	in tha u	nderlyin	g ceuse given		WAS AN AUTOF		4b. WERE AUTOPSY FINDINGS		
	UTI (R) HIP	PINFE	=C170~	, M	(37)4.	5/217	(Bru	The 17	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	Ca . 51P 1	D) 41	PON	6	.5/	0	BICAT O		6-16		1 YES 2 NO		
	HIDEX'S D	conte	70~	7									
	25. WAS CASE REFERRED TO MEDICAL	/				26. P	ACE OF DEATH	(Check only one)					
	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3	□ DOA	OTHE		ne 8 🗆 Realdens	ca 8 🗆 Other (Spec	elfy)				
1	27. MANNER OF DEATH	28a. DATE Of	F INJURY Day, Year)	28b. TI	ME OF		JURY AT ORK?	28d. DESCRIBE	HOW INJURY	OCCURED			
1 D Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO													
	3 Suicide 8 Could not be		OF INJURY — At he etc. (Specify)	ome, 1arm,	street, fac	ctory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Homicide determined					-							
	29s. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best o	f my knowledge, de	eath occur	rred at the	time, date	and place, and	due to the cause(a)	and manner as	stated.			
COMPLEIED	one) 2 MEDICAL EXAMINER:	On the beals of a	examination and/or	Investigat	lon, In my	opinion,	seath occured at	the time, data and p	lecs, and dus	to the cause	e(a) and manner as stated.		
פבר	286. SIGNATURE AND TITLE OF CERTIFIER					TUT	29c. LICENSE I	NUMBER	29d,	DATE SIGNI	ED/(Month, Glay, Year)		
2	Fall, ha									10/	21/81		
- //	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	M 27) /7hr	o Print)								

Julia Davidson-Pandell

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TIRE PRINT)

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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the second	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Assessment Ali	e fil	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical armining
p-ma	100	0	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH Milton 10722/91 Randall 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN Md. 212 26 3311 59 1 M 2 | F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 4900 Beaufort Baltimore RESIDENCE OF DECEDENT 10e. STATE Md. Baltimore 10d. INSIDE CITY LIMITS? 10b. COUNTY 1 THES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4900 Beaufort Avenue 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1\(\frac{1}{N}\) YES 2 \(\subsetension\) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

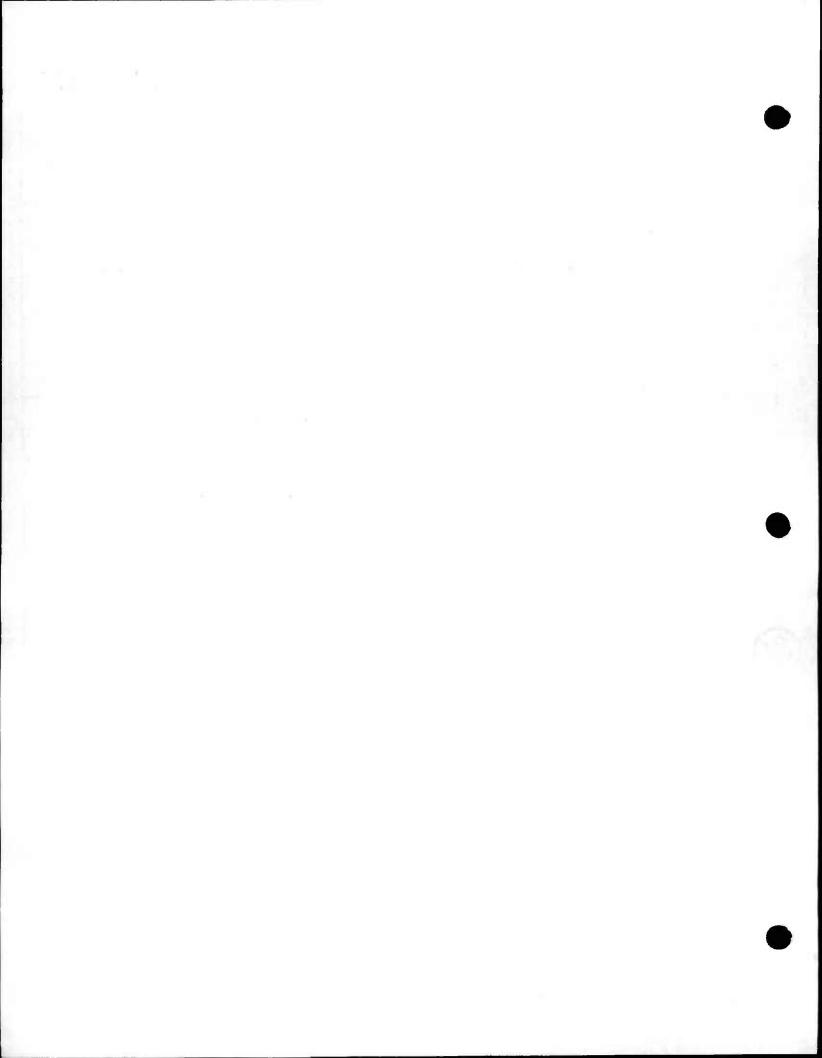
1 YES 2 NO Specify: 1 Never Married 2 Married BY Bľäck 3 Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 6+) Cheff Jerusalem Temple #4 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Joseph Randle Sarah Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Janice Randall 4900 Beaufort Ave. Baltimore, Md 21215 20a. METNOD OF DISPOSITION
Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Garrison Forest 10/29 Balto., Md. Demission 5 - Other (Specify) _ 21. SIGNATURA OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons ton 1701 Laurens St. Balto., Md 23. PARTA. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Myocander disesse or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) usec CERTIFICATION Sequentielly flat conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause gives in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO en sum COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | MO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Department 2 ER/Outpatient 3 DOA 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO ВУ 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be 4 Nomicide 29a, CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D12720 MO 10123691 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) Type, Print)

Julia Davidson-Handall

31. DATE FILED (Month, Day, Year)
OCT 25 1991

	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT (MENTAL HYGIEI			29075
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Robert		mallwoo						1.00			2:10A M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. 38	lest birthday) YRS.	MONTHS E	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (MONIN, Day, Year) 6/15/53		A. BIRTH	PLACE (Stote or Foreign th Carolina
	9e. FACILITY NAME (If not institution, give :	1	00	-	9b. CITY, TO	OWN 0	PR LOCATION	ON OF DE		I ac COU	TY OF D	
DIRECTOR	Maryland Genera	1 Hospit	al				ore				alti	7
		Baltimore 10c. CIT				i mo						10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{\text{\text{NO}}} \) NO
FUNERAL	851 George St.,	851 George St., Apt. 4-B Baltimore,					212				J.S.	VHAT COUNTRY?
B	11. MARITAL STATUS 1 (X) Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1	TOHOEST I TES 2 Y NO				S DECENDENT OF HISPANIC ORIGIN? (Specify Year, specify Cuben, Mexicen, Puerto Ricen, etc.) YES 2 X NO Specify:				14. RACE	— Americen Indien, , White, etc.
TE	(Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Specify only highest grade completed) [Step kind of work done during most of work to the during most of work to the control of the cont						g	16b, KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Labor					Indus	tria		
BE CO	17. FATHER'S NAME (First, Middle, Last) Will Sprull Li							ER'S NAI	me (First, Middle, Melder ie Mae Sma	Sumame)	od	
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									J 21201		
	20s. METHOD OF DISPOSITION NA Burles 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of NA Burles 2 Cremetton 3 Removal from State Campaign greentons of the place.											
	4 Donetion 5 Other (Specify)		Wes	tern	Star	MF AN	D ADDRES		10/26 Ba	timor		
ŀ	Mme Br	our			Wil 120	11ia 06-1	am C 08 W	. Br	own Commur rth Ave. F	Baltin	ore	ral Home , Md.21217
-	23. PART I. Enter the disesses, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Conges	Stive Ho	eart :	Failur		de of dyl	ng, suct	a a cardiac or resp	Iratory sm	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Pulmonary Hypertension DUE TO (OR AS A CONSEQUENCE OF): c. Hepatic Failure DUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.								Pert I. 24e. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PL/	ACE OF DE	ATH (Che	ck only one)			
<u>z</u>	1 TES 2 100	1 Xinpatient 2		3 🗆 DOA	OTHER:	Home	5 🗆 Res	ildence l	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		28b. TIM INJ	URY	C. INJU WOR	IRY AT RK? ES 2	NO	28d. DESCRIBE HOW I	NJURY OCC	VRED	
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At h etc. (Specify)	ome, ferm, s	street, factory,	office			281. LOCATION (Street City or Town, State)	and Number o	or Rural Ro	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, d	leath occurre	nd at the time,	, date e	and place,	end due t	to the cause(e) end mai	nner ee state	d,	and manner on stated
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI					Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITI	\$17 EM 27) (Type,	m.D.			n/		0	ctob	er 24,1991
	Ka-Ming T	se, M.D.		c/o	Maryl	and	Gen	eral	Hospital			
	31. DATE FILED (Month, Day, Year) OCT 25 1991	Julia David	A'S SIGNATURE	000								



BALTIMORE, MARYLANI	Page 6 may be retained by the hos	ral director, page 5 should be detach	liner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALT	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to builal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEP	ARTMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO.		29076			
	1. OECEDENT'S NAME (First, Middle, Last)			IRA LEW	(2)	2. DATE OF DEATH		3. TIME OF DEATN			
	IRA 4. SOCIAL SECURITY NUMBER	LOUIS	PHITH ,		. 3 /		9 199				
	N / A	5. SEX 6. A	GE (In yrs. last birthde 28 YRS	MONTHS DAVE	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	IRTHPLACE (State or Foreign puntry)			
	9e. FACILITY NAME (If not institution, give sti	^	The The	·.	OR LOCATION OF I	9-20-63		MD			
<u>۳</u>	96. FACILITY NAME (If not institution, give street end number) STREET-2400 BLOCK HOMEWOOD AVE 96. COUNTY OF DEATN 96. COUNTY OF DEATN 96. COUNTY OF DEATN										
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INCIDE CITY										
I I				CITY, TOWN OR LOCA ALTIMORI			10d, INSIDE CITY LIMITS?				
	MD 100. STREET AND NUMBER				H. ZIP CODE		10a CITIZEN (t VES 2 NO			
EB/	3842 Boarman	Avenue			21215			. A .			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS OF	CENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No — 14. R	IACE — American Indian, Black, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		S 2 NO Spec			Specify:			
	15. DECEOENT'S EDUC	ATION	16e. DECEDENT	I'S USUAL OCCUPAT	ON	16b, KIND OF BUS	INFSS/INDUSTR	BLACK			
Ē	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	of work done during in Tuse retired.)	ost of working						
COMPLETED	9TH	100	LABOR	ER							
	17. FATNER'S NAME (First, Middle, Last) JOHN SMITH				JEAN	AME (First, Middle, Meiden	Surneme)				
BE	19s. INFORMANT'S NAME (Type/Print)		POP MAIL	NG ADDRESS (St		Floute Primber Chrone Town					
은	JEAN BROWN DARI	DEN SMITH	55 S	EVERSKY	CT./E	SSEX, MD	2 1 2 2 1)			
	20a. METHOD OF DISPOSITION 1 ♥ Burlel 2 □ Cremetion 3 □ Remo		20b. PLACE AND DAT	TE OF DISPOSITION (A			CATION — City o	r Town, Slate			
	4 ¹ Donation 5 Other (Specify)		KING M	EMORIAL	PARK	. RAI	NDALLS	TOWN, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME A	ND AOORESS OF F	ACILITY					
	Aladye	Warma	~ ·			F.H./1101		ORTH AVE.			
	23. PART I. Enter the diseases, or co ahock, or heart failure. L	implications that cause of	sed the deeth. Do n eech line.	not enter the m	ode of dying, au	ch as cerdiac or reeple	ratory arrest,	Approximata interval Batween			
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death			
	resulting in death) a. GUNSHOT WOUNDS OF HEAD DUE TO (OR AS A CONSEQUENCE OF):										
z											
VT 10	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEDUENCE	OF):							
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR 4	S A CONSEDUENCE	OF							
CERTIFICATION	resulting in death) LAST			o.,.							
2	PART II. Other algnificant conditions	contribution to doct	\$ \$ 100 min to 100 min								
CAL	THE STATE OF THE CONTROLLE	contributing to deet	n out not resultin	g in the underlyin	g ceuse given ir	Part I. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
						1 XYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MED								1 PYES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)					
YSI	XIX YES 2 NO	1 Inpatient 2 ER/O		OTHER: 4 Nursing Nor	e 5 🗆 Raeldence	KIXOther (Specify)	PUBL	IC XTREET			
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	ir)	NJURY W	JURY AT	26d. DESCRIBE HOW IN	JURY OCCURED				
ВУ	2 Accident Investigation 3 Suicide Could not be	10 19 28e, PLACE OF INJU		30 A ^M 1 -	YES X X NO	SUBJE (
E	4 Nomicide a Could not be determined	building, etc. (3	Specify) BLIC ST		-	City or Town, State) BALTIN					
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC				and place, and du	to the cause(e) end men		111			
MO								re(e) end manner ea stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIGN	IEO (Month, Day, Year)			
TO B	Alonald & Which	MO			OCN	+ME	▶10	19 1991			
-	30. NAME AND AGORESS OF PERSON WIND										
	DONALD G. WAIGHT	MD DOME	111 PEN	N STREE	T BAL	TIMORE, MA	RYLAN	D 21201			
	OCT 25 1991	Julia Devids	And no								
		100									

DNMN-16 Rev 1/89

REG. NO.

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

25

1991

OCI

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	24
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1314	executed
×	pe
C BC	ertificate
<u>7</u> .	death o
S	the
Ï	that
2	requires
_	₩.
¥	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fround
SION	ATTENDING
<u> </u>	R
	HOSPITAL C
	4

SECURITY NUMBER 5 SEX IF UNDER 1 YEAR / DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. DAYS HOURS MIN. permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 000 low n FUNERAL 106. STREET AND NUMBER 10f. ZIP CODE 5 completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ria, cremation, or removal. be retained by the hospital or attending physician. 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES 2 K NO It yes, specify Cuben, Maxican, Puerto Ric 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced ED ! 16a. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ORA STOKES notified at GEORGE STOKES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1815 W. BALTIMORE ST., BALTO. MD. 21223 ALBERT STOKES examiner must be 20a. METHOD OF DISPOSITION
1X Burlel 2 Cremetion 3 A 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State after death. Page 6 may MT. ZION CEMETERY 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. 21223, BALTO. MD., P.O. BOX 4433 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** the disease or condition tatic resulting in deeth) traumatic event, (OR AS A CONSEQUENCE OF): DIRECTOR: After this certificate has been signed by the attending physician and con hours after death with the State Dept. of Health and Mertral Hygiene prior to burial, frem we CERTIFICATION Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO ent 2 ER/Outpatient 3 DOA me 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. **BE** THE 8 223 9 COMPLETED CAUSE OF DEATH (ITEM 27) (Type 5-6 CHW25 Fra Banow.

una Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 0 11

91 29077

B. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

WHAT COUNTRY?

YES 2 NO

interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS

DF DEATH? 1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

9c. COUNTY OF DEATH

10g. CITIZEN OF

14. RACE Black,

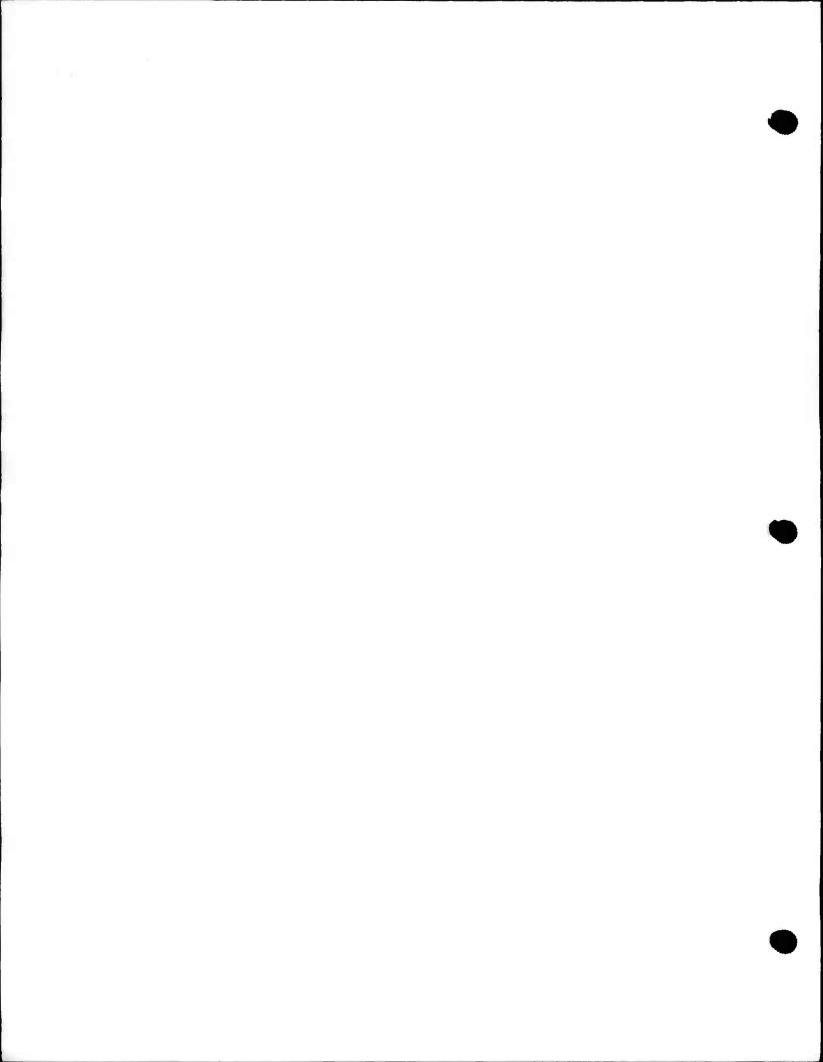
BALTIMORE, MD.

BLACK

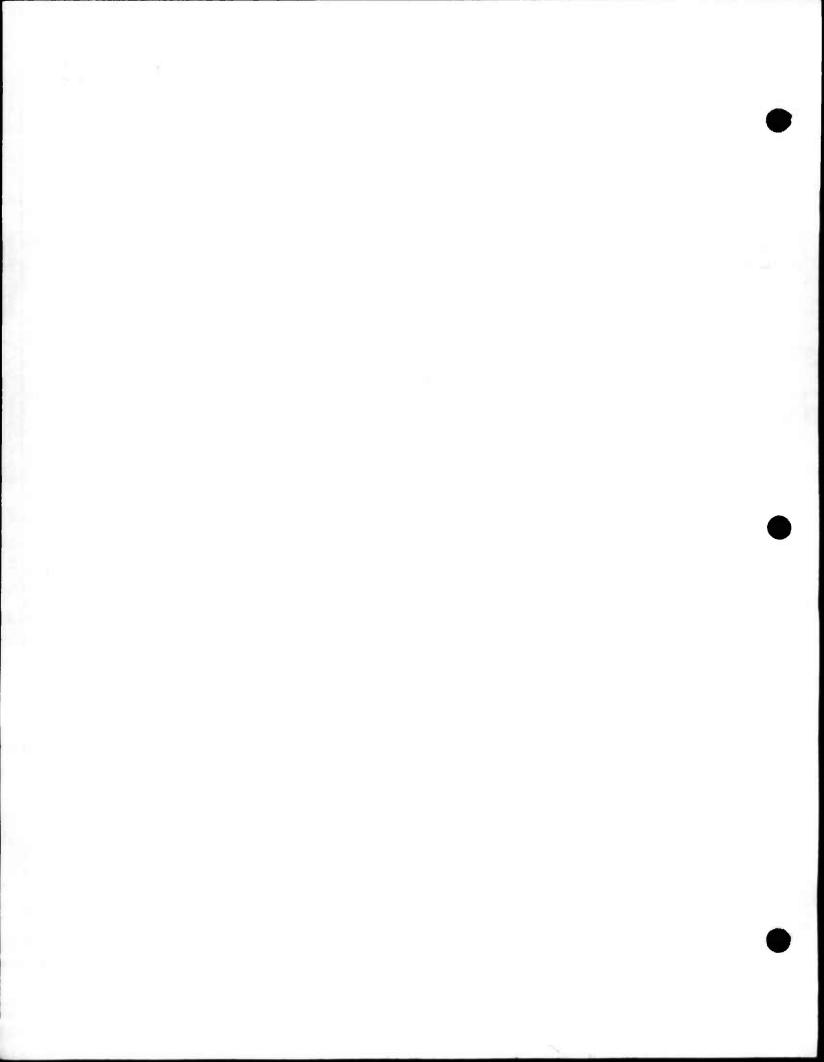
AM

21223

CI



_	NEGISTRAN			EKIIF	ICALE	: UF	DEAL	I H	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	VITAL CRAND C CLYTDIA S. TIME OF DEATH										
3									OCTOBER 2	4,19	91	M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or I Country)		IPLACE (State or Foreign
	220-05-5631	1 🔀 M 2 🗆 F	75	YRS.	MONTHS.	UATS	HOURS		APRIL 7,19			**
~	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATN	9c. CO	UNTY OF D	EATN
DIRECTOR	NORTH ARUNDEL H			ANNE A					NE AR	UNDEL		
E C	10e. STATE 10b. COUNT	10c, CIT	TY, TOWN OR LOCATION							10d. INSIDE CITY		
뜸	MARYLAND		BALTIMORE							LIMITS?		
7	10e. STREET AND NUMBER	DALI IMUKE						10- 00	FIZEN OF N	1X YES 2 NO		
8	3003 ELIZABETH A								10g. CITIZEN OF WHAT COU			
FUNERAL							21230 ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN?					Α.
	11. MARIYAL STATUS 1 MANGENTAN 2 Married	FORCES? 1	XYES 2	NO	11	yes, sp	ecify Cuba	n, Maxicar	, Puerto Rican, etc.)	01110-		American Indian, t, White, atc.
ВУ	3 Widowed 4 Divorced	C		J II	1	☐ 1E9	- M NO	opecny.			Spec	WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	18a. DI	ECEDENT'S Sive kind of w	USUAL OC	CUPATIO	ON st of workin	a	18b. KIND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	. Do NOT us	e retired.)		or ar morror	9				
A I	8TH GRADE		TF	RUCK	DRIVE	ER			EASTER	N EI	ECTR	IC
	17. FATNER'S NAME (First, Middle, Last)								AE (First, Middle, Maiden			
BE	JOSEPH SKIRKA 19s. INFORMANT'S NAME (Type/Print)								HINE SOLWI			
2	EVELYN SCHNEIDE	7D	19						oute Number, City or Tow			
		SK .						D, P	ASADENA, M			
	20e, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, crematory or other place) 1 \(\text{ABurlal 2} \) Cremation 5 \(\text{Other (Specify)} \)											
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEF	HOLY	CROS					120/20	ALTI	MORE	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE HUBBARD FUNERAL HOME INC.												
	4107 WILKENS AVENUE, BALTIMORE, MD. 21229											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Litersing Squared Cell Lung Concer DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. Cutte State entestinal Bleed											
	PART II. Other eignificant condition	ns contributing to	deeth but not i	resulting is	n the unc	lerlying	COURA	Iven In C	Pert I. 24a. WAS AN		1	
MEDICAL	Chrisic Brin	Antis +	Emy	//	nen		-		PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
Ä	25 WE CAST DEFENDED TO MAKE											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/-		OTHER		ACE OF DE	ATN (Chec	ck only one)			
S. I	1 YES 2 NO	1 Inpetient 2 W		□ DOA	4 D Numi	ng Nome		sidence 8	Other (Specify)			
BY Pt	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I		28b. TIME INJL		28c, INJL WOI 1 Y			28d. DESCRIBE NOW IF	JURY OC	CURED	
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY At ho tc. (Specify)	me, term, si	reet, facto	ry, offica	1		28f. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural A	oute Number,
PE	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the beat of n	ny knowledge, da	ath occurred	d at the tin	ne, deta	and place,	and due to	o the cause(s) and man	ner as sta	ted.	
ő	2 MEDICAL EXAMINE	R: On the basis of axa	mination and/or i	investigation	, in my op	inion, de	eth occure	d at the ti	me, deta and place, and	dua to ti	ne cause(a)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (A												
m		withing	-				1-2	28=	75	•	10/	4/91
2	30. NAME AND ADDRESS OF PERSON WAS DR. DENNIS SMIT	H-3449 WI	OF DEATH (ITE)	VENUE	Prine) E-SUI	TE				ARYL	AND	21229
	DR. DENNIS SMITH-3449 WILKENS AVENUE-SUITE 207 - BALTIMORE, MARYLAND 21229											



FOR

	1 - STATE REGISTRAR	SIAIL OF I	C	ERTIF	ICATE C	F DEA	TH	MENIAL	REG. NO.	t		78
1	1. DECEDENT'S NAME (First, Middle, Last)				TOTAL C	· DEA		2. DATE (OF DEATH			3. TIME OF DEATH
3	FRANK EDWARD SCHROEN, JR.								BER 22	100	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE C		, 199		HPLACE (State or Foreign
- 9	217-20-8568	1 M 2 - F	65	YRS.	MONTHS DAY	8 HOURS	MIN.	(Month,	Day, Year)	26	Count	try)
	9a. FACILITY NAME (If not institution, give stre	give street and number)			9b. CITY, TOV	N OR LOCAT	ION OF E		23,19			RYLAND
DIRECTOR	2000 WHISTLER AVENUE RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH											
ñ	10s. STATE 10b. COUNTY			10c. CI7	Y, TOWN OR LO	CATION						10d. INSIDE CITY
0	MARYLAND				BALTIM	DRE						LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP COD	Œ			10q, CITI	ZEN OF	WHAT COUNTRY?	
FUNERAL	2000 WHISTLER A	VENUE				2123	0		4100		U.	S.A.
5	11. MARITAL STATUS INGLE	12. WAS DECEDENT	YES 2	MED	13. WAS	ECENDENT	OF HISPA	ANIC ORIGIN?	(Specify Yes	or No-	14. RAC	E — American Indian, ik, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 NO			cen, etc.)		Spec	
	15. DECEDENT'S EDUCA	TION	KOREAN		USUAL OCCUP	71011		1				WHITE
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	(G	ive kind of Do NOT u	work done during	most of work	ing	16b.	KIND OF BUS	INESS/IND	USTRY	
7	10TH GRADE	College (1-4 or 5+	,		USE PEI	COM			TIMOMO			
OM	17. FATHER'S NAME (First, Middle, Lest)		_ WA	KLIO	OSE PEI		HED'S N		UTOMO'		-	
BE C	FRANK E. SCHROE	N							MARTI			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Stre						Code	
2	HARRY C. ROBERTSO	N			GREYST							ND 21227
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2X Cremation 3 ☐ Remove	W. E. L.	20b. PLACE	AND DATE	OF DISPOSITION		,	DATE		ATION —		
	4 Donation 5 Other (Specify)	al from State	METRO	-CREI	MATORY			10/2		LTIMO		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	16	1	/22. NAME	AND ADDRE		ACILITY)ICL	
	2 - 101100	1	Sept	Z					ME IN			
	23. PART I. Enter the diseases, pr cp	molications that	caused the de	Ath DA	4106	WILK	ENS	AVENU	E, BAL	LIMOR	RE,	MD. 21229
	23. PART I. Enter the diseases, or complications that cause diese death. Do not enter the mode of dying, euch as cardisc or respiratory arrest, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
- 11	PART II. Other significant conditions	contributing to	deeth but not n	esulting	n the underly	ing cours	alven in	Port I		. CTO. DOL		
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28.	PLACE OF D	EATH (Ch	heck only one)				
Š		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing H	ome 5 🗆 Re	sidence	8 Other	Specify)			
듄	27. MANNER OF DEATH	28e. DATE OF I (Month, De	INJURY Weet	28b, TIM	E OF 28c.	NJURY AT			RIBE HOW IN	JURY OCC	URED	
<u>M</u>	1 Natural 5 Pending 2 Accident Investigation	1,11,11,11,11	y, 10diy	1113		WORK? YES 2	NO					
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE OF building, a	INJURY — At horate. (Specify)	ne, term, s	treet, factory, or	fice		281. LOCAT City or	ION (Street an Town, State)	d Number o	or Rural R	loute Number,
ן ב	29a. CERTIFIER (Check only	AN: To the heat of a	my knowledge, des	oth occum	el el els alessa de							
Ž	(Check only one) 2 MEDICAL EXAMINER:	On the basis of ex-	emination end/or is	nvestigatio	n. In my coloica	death occur	, end due	lo the cause	r(a) and menn	er de atete	d,	
	299. SIGNATURE AND TITLE OF CERTIFIER	11,	M	_		1						
出	The second second	Th	entitor	N/		256. LICE	MSE MUI	e	_	29d. DATE		(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (CEN	27) /3-0-	Print	10	5- V	>V F	0	- /	0-	-23-51
	DR. ASHOK CHATTA	•				LTIMOI	RE.	MARYT.	AND	2122	7	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S'S SIGNATURE									
	06125 1991 4	idia Davidse	m-gandel	2								

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital physician and completely filled in by the tunion death, page 1 and 1 an BALTIMORE, MARYLAND 21215-002 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

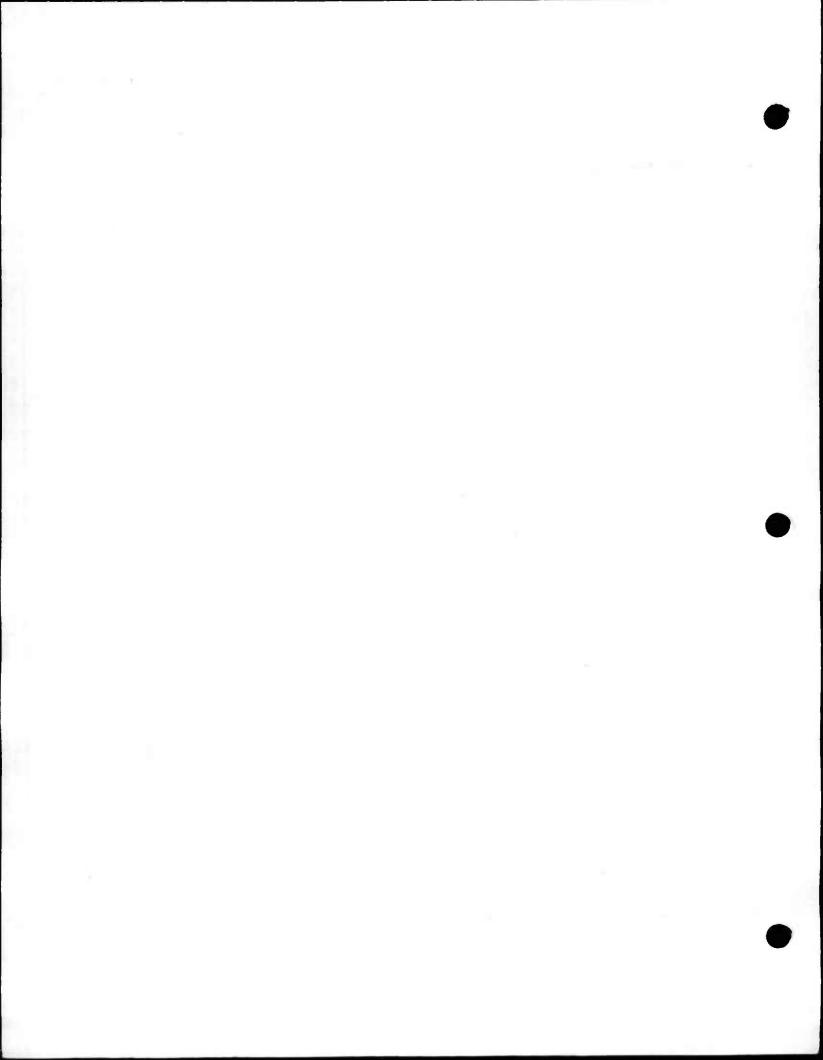
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE FUNCTOR. After this certificate by the contract of the	be list within 2 hours are used with the State bey. Or regularly mental higher prior to contact, cremand, or temporal, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29080 91

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)	Schna	THERES	A SCHRADER	2. DATE OF DEATH MONTH	2/97	S. TIME OF DEATH 9 = 20/M			
	4. SOCIAL SECURITY NUMBER	1 🗆 M 2 💢 F		FUNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1) - 16 - 0		BIRTHPLACE (State or Foreign Country) ARYLAND			
CTOR	98. FACILITY NAME (If not institution, give in the state of the state	street end number)	9	96. CITY TOWN OF LOCATION OF DEATH Baltimere City Baltime						
DIRECTOR		TIMORE		OWN OR LOCATION IMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2243 FIRETHOR	N ROAD		101. ZIP CODE 10g. CITIZEN OF WHA						
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	N U.S., ARMED 2 MNO MATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 ☐ YES 2 ☐ NO Specify: N ☐ YES 2 ☐ NO Specify: N ☐ N							
COMPLETED	(Give kirl Elementary/Secondary (0-12) College (1-4 or 5 +)			EDENT'S USUAL OCCUPATION e kind of work done during most of working Do NOT use retired.)						
N N	8 YEARS 17. FATHER'S NAME (First, Middle, Last)		PRESSER	Grant	<u> </u>					
BE C	JOSEPH WATRO	ВА		MARY F						
٩	199. INFORMANT'S NAME (Type/Print) MR. MELVILLE BALDWIN 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2243 FIRETHORN ROAD BALTO. MD. 2122									
	30e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State	PLACE AND DATE OF E	SLAUS CEM.	10-21 B	ALTO.				
	21 SIGNATURE OF PUNETAL SERVICE LI	Jasurus	li.	22. NAME AND ADDRESS OF KACZOROWSKI	FUNERAL	HOME	MD 21224			
	23. PART I. Enter the diseases, or	complications that cause	the death Do not	anter the mode of dying, su	ch as cardiac or rasp	iratory arrest	Approximata			
	IMMEDIATE CAUSE (Final	List only on a cause on e	ach line.				Intarval Batwean Onaet and Death			
Z	disease or condition resulting in death) a. PREMOND, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any leading to impredicts DUE TO (OR AS A CONSEQUENCE OF):									
ICATIC	CAUSE COISEASE OF INJURY									
CERTIFICATION	thet initiated avents resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
	PART II. Other algnificant condition	s contributing to death b	ut not reaulting in t	ha underlying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	CV	A-			PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	05 HW0 0405 DESCRIPTION TO A									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C	heck only one)					
ξ	1 YES 2 NO	1 Inpatient 2 ER/Outp		Nursing Home 5 Residence						
BY P	1 Natural 5 Pending 2 Accident freestigation	(Month, Day, Yeer)	28b. TIME O	M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	ED			
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— Af home, farm, atred	it, fectory, offica	281. LOCATION (Street of City or Town, State)	and Number or R	lural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the basic of examination	ledge, death occurred a n end/or investigation, is	t the time, date end place, and du n my opinion, death occured at th	e to the cause(e) and mer e time, date and piece, en	ner ee stated. d due to the cs	use(e) end manner ee stated.			
出	296. SIGNATURE AND TITLE OF CERTIFIER	Vaser	ni pr	P. 29c. LICENSE NU.	3 2 2	29d. DATE SIG	GNED (Month, Day, Year)			
٤	30. NAME AND ADDRESS OF PERSON WHO			ltimore Md.	21023					
	31. DATE FILED (Month, Day, Year) OCT 25 1991	32. REGISTRAR'S SIGNA	ATURE 2 BA	T-Luore Md,	71731					



Item: 23 part I

& 27.

per MEO

ONCE.

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin r this certificate has been sign with the State Dept. of He arked, or Nem 23 show After 1 D THE HOSPITAL DR ATTENDIN D THE FUNERAL DIRECTOR; Af e filed within 72 hours after de

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IMPORTANT: If

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FOR STATE G-681 11/19/STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF DEATH LOUIS SCHMOLITZ. ALLAN 1991 10 6:50 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign HOURS MONTHS DAYS Month, Pay, Year) 57 1 XM 2 | F 214-72-2138 34 YRS. Germany 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CARROLL 2632 HOFFMANMILL ROAD HAMPSTEAD DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Maryland Baltimore 1 YESK 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5L Cameron Court 21236 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ry/Secondary (0-12) College (1-4 or 5+) ll th grade Maintenance Sears 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Bernard F. Schmolitz Sheila Ruth Rochman H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Bernard Schmolitz 5 L Cameron Ct. Baltimore, MD 21236 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Burlal 2 Cremetion 3 Removal from State Lake View MEm. Park 10/25/91 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. seleo * amos 8728 Liberty Road Randallstown, MD 21133 23. PART I/Enter the diseases, Dr complications that caused the desth. De not enter the mode of dying, such as cerdiac or respiratory strest, Approximate shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease Dr.condition Epilepsy bue to (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (DR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: TXXYES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home SY Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural Pending Investiga м BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 0 6 Could not be 4 Homicide determined COMPLET 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as attated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10-23-1991 O.C.M.E 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) W) 111 N. PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE washing-

TWORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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may be retained by the hospital or attending physician.	until a for, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 minus and death. Re-	all to his	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91 29082 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH VEAD 7745A M Frances A. Stegman 10-24-1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 - M 2 F DAYS 220-44-8546 MOUNE 100 VDS 03-20-1891 Balto. Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Multi-Medical Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7700 York Road 21204 U.S.A. 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Maxican, Puerto Ricen, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES TO YES 2 NO BY Specify: 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) 6th Grade Home Maker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Philip Griebel BE Anna 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Esther T. Price 123 Warwick Drive, Lutherville, Maryland 21093 20g, METHOD OF DISPOSITION

1 LX Burlai 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION — City or Town, State Baltimore National Cemetery 10/28 Balto., Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY John C. Miller, Inc. Xatplus 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that daused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximata shock, or heart fellure. List only one ceues Interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to anderlying cause giver in Part Ly MEDICAL death but not recuiting in 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINEBY HOSPITAL . OTHER: lent 2 DER/Outpetlent 3 DOA 5 Residence 8 Other (Specify) 4 Nursing Home 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? -16-1 Natural
2 Accident 5 Pending BY 1 YES 2 DAG Investigation 3 Suicide 28a. PLACE OF INJURY At home, farm, street, factory, office 28f. LOCATION 4 Homicide

determined 1 CERTIFYING PHYSICIAN: To the best of my

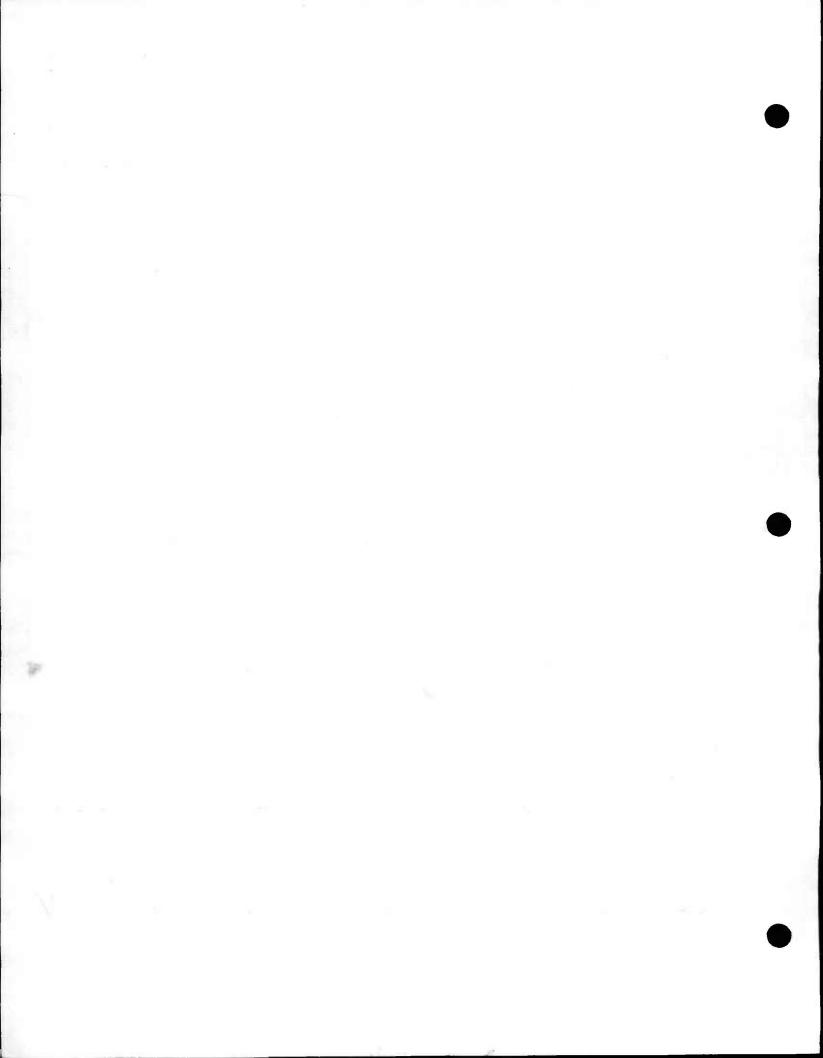
296. SIGNAPORE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year)

_		_			-		111	-	-	11.
NAME	AMO	ADDRESS	OF PERSON	WHO COM	KTED	CALICE	OF OFATA	A CITCAL OF	7) (Tyge, Print)	
	1			THE COM	LAILED	CAUSE	OF DEATH	I (IIEM 2	r) (lyge, Print) 🔪	
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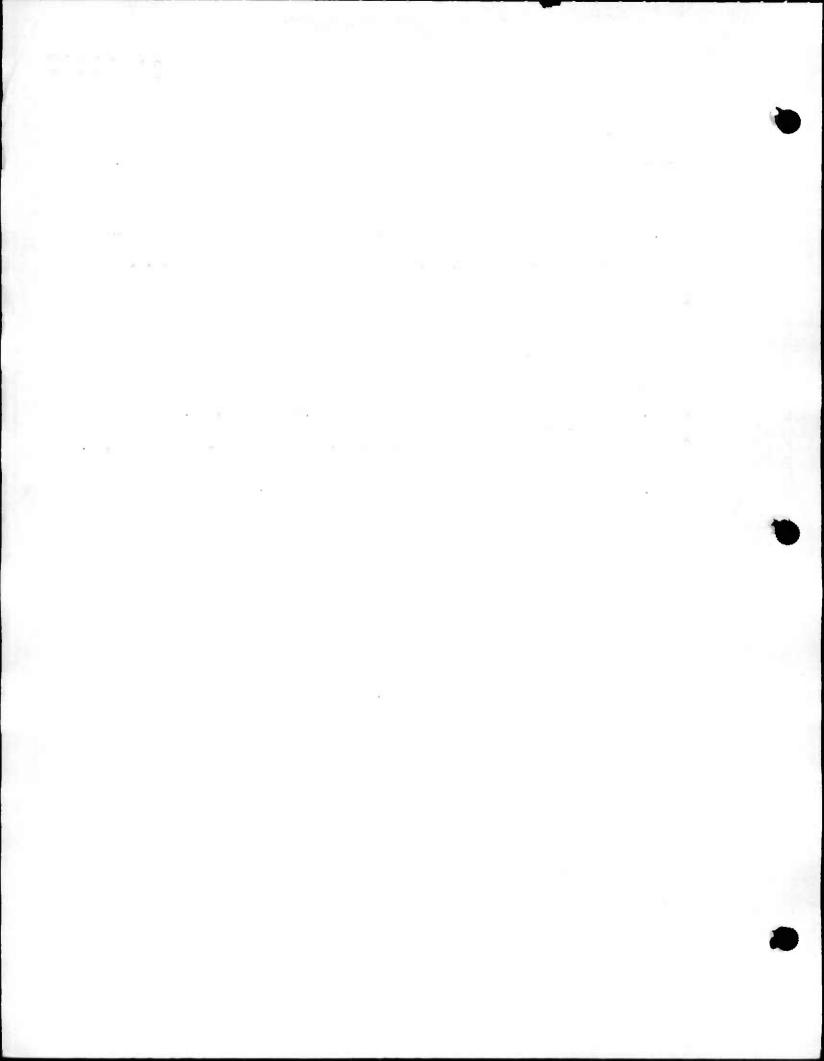
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28. Must after death. Page 6 may be retained by the hospital or attending physician.

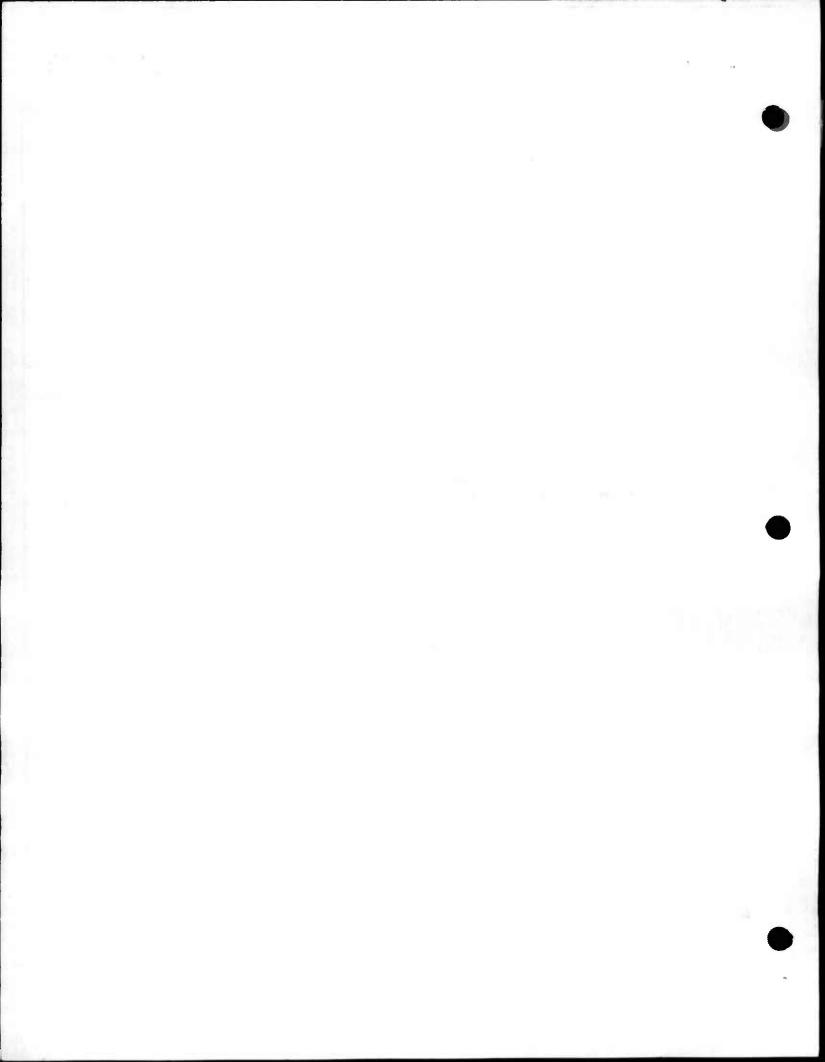
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIEN		5 0 0
	1. DECEDENT'S NAME (First, Middle, Lost) GLADYS M. STEDI	TMC				2. DATE OF DEATH BA	y YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 404-34-6872	5. SEX 8. AGE	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
TOR TOR	96. FACILITY NAME (If not institution, give et 3502 Trainor Avent RESIDENCE OF DECEDENT				or Location of DE		OEATH	
DIRECTOR	10e. STATE 10b. COUNTY	ī/A		y, town or Loc	ATION			10d. INSIDE CITY LIMITS? 12 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3502 Trainor Aver	nue-Baltimo	re. Md.	1	21215		U.S.A	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 24 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.B. ARMED	If yes,	CENDENT OF HISPAN pecify Cuben, Mexical S 2 NO Specify		A 10.00	ACE — American Indian, lack, White, etc. pacify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	work done during r se rétired.)			od Hospi	
COM	N/A 17. FATHER'S NAME (First, Middle, Lest) William Radford	N/A	Aid-Nu	rse		ME (First, Middle, Melden e Francis		. U.A.I.
TO BE	19a. INFORMANT'S NAME (Type/Print) Dora E. Andrews					Route Number, City or Tow Ltimore, M		
	20e. METHOD OF DISPOSITION 10=2. 1	wel from State	other place of dispo other place)	orest V	eterans 0	emetery-Ov	cation - chy or wings Mi	
N	21. BIGNATURE OF FUNERAL SERVICE LIC			351	and address of FA 2 Frederi timore, M	ck Avenue		
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that ceus List only one cause on	aach lina.		node of dying, suc		iratory srreat,	Approximate interval Batween Onset and Deeth
CERTIFICATION	Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	P-	A CONSEQUENCE O					
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	a ceptributing to death	but not resulting	In the underly	0	Part I. 24e, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 DOA	OTHER:	PLACE OF DEATH (Cr			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year) 16	M 1	NJURY AT WORK? YES 2 NO	28d, DESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, ferm, pecify)	street, factory, or	fice	281. LOCATION (Street City or Town, State	and Number or Ru)	ral Route Number,
COMPLETED	one) 2 MEDICAL EXAMINE							ree(e) end manner ee stated.
TO BE (29b. SIGNATURE AND ATTLE OF CENTURE 30. NAME AND ADDRESS OF PERSON WH	L Lum O COMPLETED CAUSE OF	AD .	Print	Dog	622	29d. DATE SIG	NEO (Month Dey, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	DIPK	HETS	AUE !	SA LTO	MO 2	12/5
	OCT 2 5 1991	full Kevidson	andell.					DHMH-18 Rev 1/80



ift. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DE	EPARTME	NT OF H	EALTH AND DEATH		HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ALLIE	JAMES			Steve		2. DATE OF MONTH	DEATH DAY	YEAR 99	3. TIME OF DEATH
		1 X M 2 □ F 6	(In yrs. lest bird	thday) IF UNE MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ay, 16ar) 927	8. BIRTHP Country	PLACE (State or Foreign
CTOR	96. FACILITY NAME (If got institution, give sin Peninsula General RESIDENCE OF DECEDENT	al Hespital			isbur	y, MT)	EATH		Wicom:	
DIRECTOR	10a. STATE 10b. COUNTY Delaware Susse	ex		selbyv		ON				10d. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER Rt. 2 Box 178				10f.	ZIP CODE 19975		10g. C		HAT COUNTRY?
BY FUNERAL	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	1	If yes, spe	NDENT OF HISPA city Cuban, Mexico 2 XNO Specif	nn, Puerto Rica	Specify Yes or No— n, etc.)	Black, Specify	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	NTION ompleted) College (1-4 or 5+)	(Give ki	ENT'S USUAL ind of work don NOT use retired	e durina mos	N t of working		m equipm	NDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Allie A. Stevens					16. MOTHER'S NA Stella		le, Meiden Surneme) Chens)	
2	190. INFORMANT'S NAME (Type/Print) Stella Hitchens S	tevens	19b. M/ Rt.	AILING ADDRE	\$\$ (Street en 178,	Number of Rural Selbyv	Route Number, ille,	City or Town, State, I Delaware	Zip Code)	75
	20e. METHOD OF OISPOSITION 1 X Suriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	el from State	B. PLACE AND I	TATE OF DISPO	osition(Nam	ne of	OATE	20c. LOCATION - Selbyvi		n, suus Delaware
	21. SIGNATURE OF FUNE VAL. SERVICE LICE	NSEE . Wate	eor		Watso	n Funer	al Hom	e, Inc, e 19966		
	23. PART I. Enter the diseases, or co- ehock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cav	dioge	Do not ent	er the mod Sh	e of dying, auc	h aa cerdiec	or respiratory e	erreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	SW Y	CE OF):		rall		110 8 F		
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditione	contributing to deeth b	out not reaul	ting in the u	underlying	ceuse given in		PERFORMEO? YES 2 NO	, a	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF GEATH? YES 2 NO
SICIAN		HOSPITAL:	retlant 2 D	OTHE	R:	CE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	28c. INJUI WOR			ecity) BE HOW INJURY OF	CCURED	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, stc. (Spec	— At home, fi	erm, street, fe	ctory, affice		281. LOCATION City or To	N (Street and Number wn, State)	er or Aural Rou	ite Number,
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	N: To the best of my know. On the basis of examination	ledge, death o	ccurred at the	time, date s	nd place, end due th occured at the	to the cause(s) and manner as at	eted. ths csuse(s) s	and manner as stated.
2 2	29b. SIGNATURE AND TITLE OF CERTIFIER	Mary	_			29c. LICENSE NUM	IBER	29d. OA	TE SIGNEO (A	forth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO TO THE RESULT OF THE RE	. 614 8	east	(Type, Print)	1 5/	rare	Drive	SAL	-15B1	My.
		32. REGISTRAR'S SIGN	ATURE Mariday	mile	6					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the function page 5 should be districted for use as the burist-trainst permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH		3. TIME OF DEATH
	Irma Margaret Schule	r		10 2	3 91	11:25p m
		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HF	2 7 DATE OF BURTH	100	RTHPLACE (State or Foreign
1	219-28-6331 1 D M 2 XI F		MONTHS DAYS HOURS MI	444. 11 60 14 1	011 Co	untry)
	9a. FACILITY NAME (If not institution, give street and number)	00				aryland
~			9b. CITY, TOWN OR LOCATION O		9c. COUNTY O	
DIRECTOR	Manor Care Rossville		Baltimore		Bal	timore
5	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY					
<u>E</u>		10c, CITY	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Baltimore		Baltimore			1 YES 2X NO
A	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
1 8	6600 Ridge Road		21237			USA
FUNERAL		IN U.S. ARMED	13. WAS DECENDENT OF HIS	DANIO ODIONIO (D		
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, specify Cuban, Ma	rican, Puarto Rican, atc.)	a or No.— 14. 9/	ACE — American Indian, lack, White, stc.
B	3 X Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES 2 NO SE	ecity:	St	Decity:
	15. DECEDENT'S EDUCATION					White
	(Specify only highest grade completed)	(Give kind of w	ISUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BU	ISINESS/INDUSTRY	Y
٣	Elementary/Secondary (0-12) College (1-4 or 5 +)					
N E	12th	Ho	memaker	H	ome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Malden	Surname)	
BE	Louis Klein			lia Witt	,	
	19a. INFORMANT'S NAME (Type/Print)	19h MAII ING	ADDRESS (Street and Number or Ru		2.1	
임	Albert R. Hanzlik	# 1	Elinor Ave.	Talt house Number, City or low	IMTO 2	1236
				Dat CIMOLE	, 11111 2	42)0
	20	b. PLACE AND DATE OF	F DISPOSITION (Name of	DATE 20c. LO	OCATION — City or	Town, Stata
	4 Donation 5 Other (Specify)	Metro C	rematory, Ir	10/24	Baltim	ore, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSET		22. NAME AND ADDRESS OF	FACILITY	C 1/1	land, Inc.
	Garage E. MacNahh		Gremation	Society o	I Mary	land, inc.
	George E. MacNabb					, MD 21228
	23. PART I. Enter the diseases, or complications that couse	d the deeth. Do no	t enter the mode of dying, a	uch ea cardlec or reepi	Iratory arrest,	Approximata
	ahock, or heert failure. List only one cause on immediate Cause (Final	ech line.				Interval Between
	disease or condition	li.	H 6 0			Onset and Death
	resulting in death)	A CONSEQUENCE OF	N. C.	sen		
	SOE TO (OH AS	CONSEQUENCE OF	,			
CERTIFICATION	Sequentially list conditions.	7				Į.
ΙĔΙ	If any, leading to immediate	A CONSEQUENCE OF)				
1 2	CAUSE (Disease or Injury					
쁜	thet initiated evente DUE TO (OR AS	A CONSEQUENCE OF)				
	resulting in deeth) LAST					
EDICAL	PART II. Other algnificent conditions contributing to deeth	out not reculting in	the underlying ceuse given	In Pert I. 24s. WAS AN PERFOR		46. WERE AUTOPSY FINDINGS
1 2	CV17 June	02	Rother	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			3	1 YES 2	TX NO	OF DEATH?
Σ					- 1	1 TES 2 X NO
A I	OF MAD OVER DESCRIPTION OF THE PARTY OF THE					
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		20. PLACE OF DEATH	Check only one)		
\S	1 YES 2X NO 1 Inpatient 2 ER/Out		OTHER: CXNursing Home 5 Residen	e 6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		28d. DESCRIBE HOW II	NJURY OCCURED	
Β¥	Natural 5 Pending	INJU	M 1 YES 2 NO			
	2 Pulate 28 PLACE OF IN HIE	/ — At home form str		204 1 0047(01) (0)		
	4 Homicide detarmined building, stc. (Spe	cify)	eet, metory, office	28f. LOCATION (Street a City or Town, State)	ind Number or Rura	il Route Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	rledge, death occurred	at the time, data and place, and o	us to the cause(s) and man	vner as stated.	
8	one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation,	In my opinion, death occured at	he time, data and place, an	d due to the caus.	e(a) and manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER					
H	11-11-	\wedge	29c. LICENSE	IUMBER	29d. DATE SIGNI	ED (Month, Day, Year)
2	Mona Wall	()		177.3	101	24/11
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OR					
	Howard H. Bond, M. D.,	9618 Be	lair Rd., Ba	ltimore,	MD 21	236
	31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGN	ATURE			7	
	UCI 25 1991 Julia Davidson-Ra	ndell				
الــــا	(/					

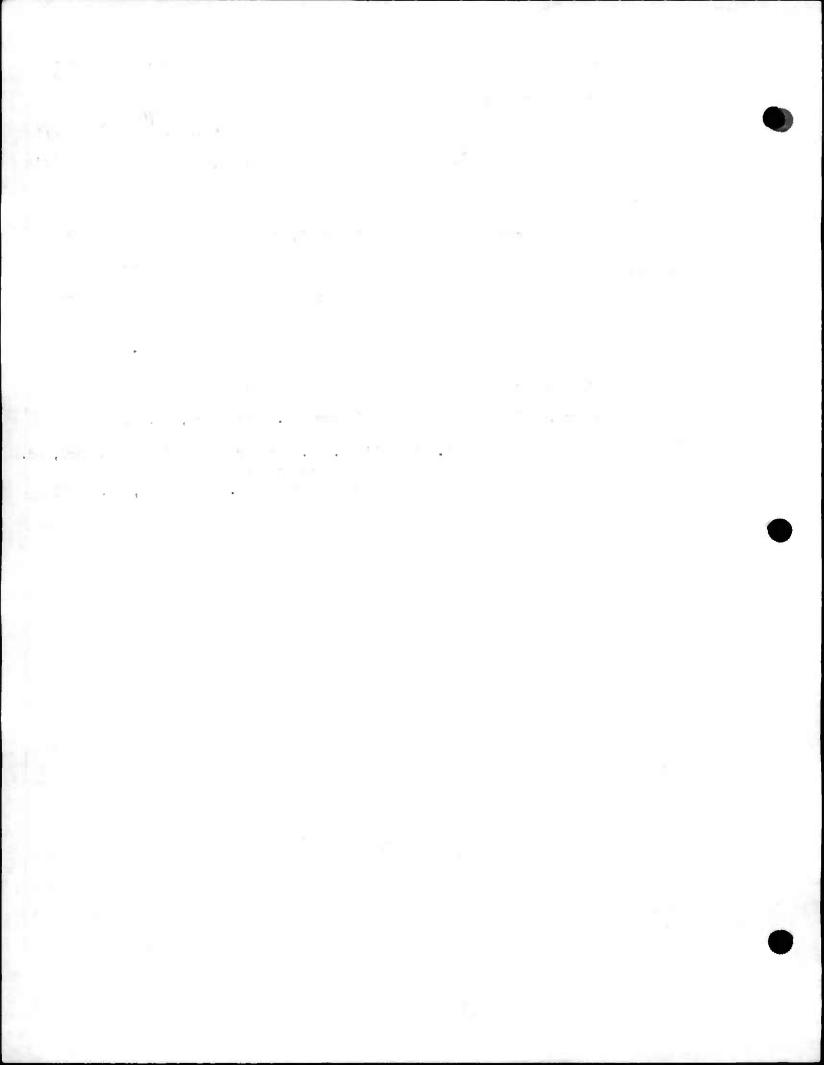
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IMPORTANT: If them 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) JOSEPH		Sum	ME	RS			TE OF DEATH	DAY 24	94EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 235-54-1442	5. SEX 6.	AGE (In yrs. lest t		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS 1		TE OF BIRTH	311	Count	HPLACE (State or Foreign dry) Vest Virgin
90. FACILITY NAME (If not institution, give at	tospito	4		96. CITY, TOWN O		OF DEATH	100	-	UNTY OF E	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LOCAT						10d. INSIDE CITY
100. STREET AND NUMBER	altimore	71			e Rive		- 13	10g. CI	TIZEN OF	1 YES 2 NO WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO		If yes, sp	CENDENT OF I	Mexican, Pue	IGIN? (Specify rto Ricen, etc.)	Yes or No-		E — American Indian, ik, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECI (Give ilie. E	e kind of w Do N <u>O</u> T use	usual occupation done during more retired.)	ON ost of working		18b. KIND OF	Business/II		
17. FATHER'S NAME (First, Middle, Last) Carl St	ummers			-	16. MOTHER	Jenn:	st, Middle, Mai	den Sumame) Pai		
19e. INFORMANT'S NAME (Type/Print) Mildred Summers	Wife	196.		ADDRESS (Street of			lumber, City or		,	221
20e, METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Remo 4 Donellon 8 Other (Specify) 21. SIGNATURE OR FUNERAL SERVICE LIC		20b. PLACE A of cemetary of St. M.	icha	of DISPOSITION or other place) (e1's U.	Ch. (Cemete	ry 10		City or TO	altimore.
4 Donellon 8 Other (Specify)	ENSEE	of cemetary of St. N	rematory licha	of disposition or other place) e1's U. 22 NAME A 1407	Ch. (Cemete of Facility of Fur	ery 10 eral 1 e. Ba	0/24/9 Home F	City or To	Md. 21221 Approximate Interval Between
23. PART I. Enter the diseases, or c ahock, or heart failure. I	emplications that course the course to to to to to to to to to to to to to	of cemetary of St. N	ALP UNITED OF THE COMMENCE OF	of Disposition of other place). 22 NAME ABRU2 1407 ot enter the mo	Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Cemete of Facility of Fur Prn Av	ery 10 eral 1 e. Ba	1/24/9 Home Faltimo altimo espiratory a	City or To	Md. 21221 Approximate Interval Between
23. PART I. Enter the diseases, or candidate in the diseases, or candidate in the diseases, or candidate in the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that course the course to to to to to to to to to to to to to	eused the dae on each line.	ALP OF UNITED OF	of Disposition of other place; leaf s U. 22 NAME ABRUZ 1407 ot enter the mo	Ch. (Ch.) Ch. (C	Cemete of Faculty of Fur ern Av ern Av al al	eral I e. Ba cardiac or re	1/24/9 Home Faltimo altimo espiratory a	PA Pre, Arrest,	Md. 21221 Approximate Interval Betwee Onsat and De MINUTE I DAY b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
23. PART I. Enter the diseases, or can abock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that calls only one cause Due to look Due to look Due to look Due to look Hospital:	eused the daar on each line.	ALC OF UNITED OF CONTROL OF CONTR	of DISPOSITION or other place; leal s U. 22 NAME AN INVESTIGATION of enter the model of the place of the pla	Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Cemete of Facility of Fur ern Av in, such as in out out out out out out out out out out out	eral I e. Ba cardiac or re Cella 24a. WA: PEF 1 D YE	Home Faltimo altimo sepiratory s ua ruch can autops formers s 2 pmo	PA Pre, Arrest,	Md. 21221 Approximate Interval Betwee Onsat and Dei MINUTE MINUTE LIDAY b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	e contributing to de	eused the dae on each line. As a consecution as a consec	ACP CONTROL OF CONTROL	of Disposition or other place). 22 NAME AND 1407 ot enter the model of the place	Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Cemete of Facility of Fun Av in, such ac in ac i	eral I e. Ba cardiac or re Cella 24a. WA: PEF 1 D YE	J/24/9 Home F altimo altimo appliatory a ruch and and and and and and and and and and	PA Pre, Arrest, V 24	Md. 21221 Approximate Interval Betwee Onset and Dei MINUTE MINUTE LIDAY b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or can ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other agnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	e contributing to de CASPITAL: CASPITAL: September 2 Esc. March, Dec. (Morth, Process of the day of	th. Do not the control of the contro	of Disposition or other place). 22 NAME AND 1407 ot enter the model of the place	Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Ch. (Cemete of FACILITY of Tur ern Av i, such ae cal cal on in Part TH (Check on 28d. NO 28f.	Cela 24a. WAS PEF 1 UP 24a. WAS PEF 1 UP Other (Specify) DESCRIBE HO	John Faltimo altimo spiratory s ua rula san Autops Formed S so 2 pmo ow injury of	PA Prest, Aurest, Aurest, Aurest,	Md. 21221 Approximate Interval Betwee Onsat and De MINUTE I DAY b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	

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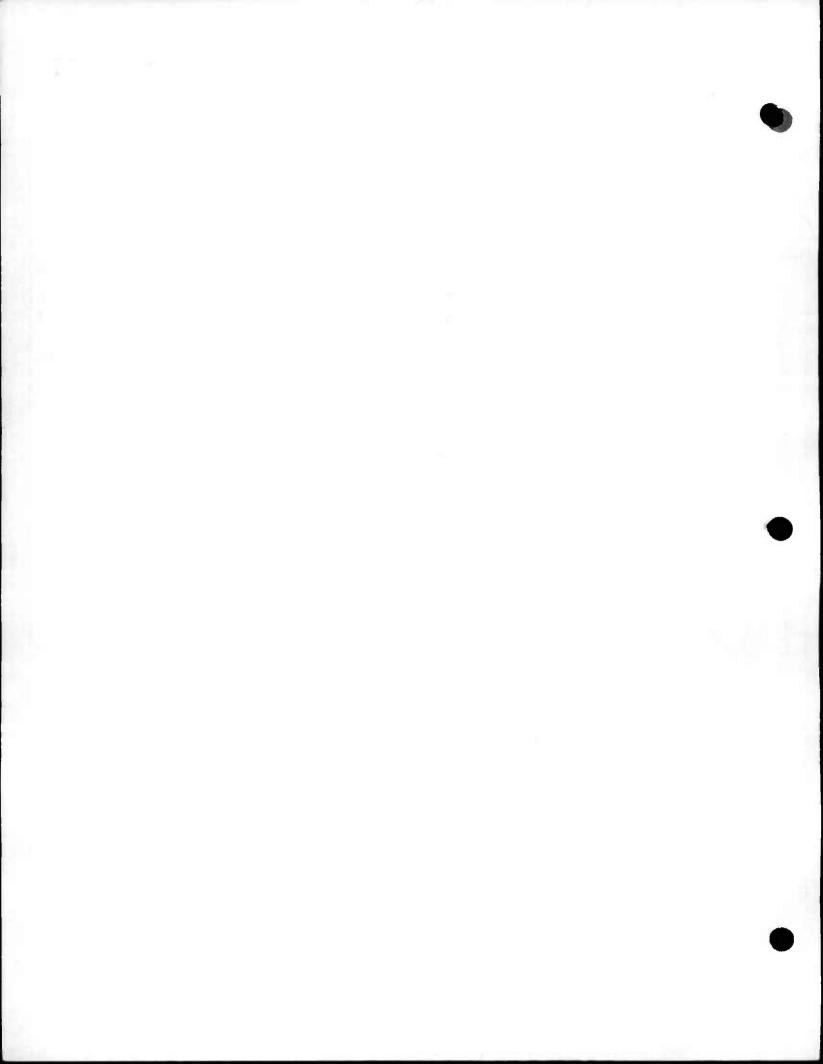
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IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Milydia, Las	ck Wood	tood)	(wood Fork)	1 1	DAY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (Ir	yrs. lesi birthday) F UI	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	, (NRTHPLACE (State or Fdreign
010-10-00-10	100M2 DF 83	YRS.		5-8-6	-	VIRGINIA
T	e street and number) MRS HOSPIT		BAL TILL		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	VTY	100 CITY TOW	N OR LOCATION			Tana moine oray
MD,	City		LTMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1214 N, CON	16 WOOD ST	- (101. ZIP CODE 2 / 2	216	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puarlo Rican, etc.)	ss or No- 14.	RACE — American Indian, Black, Whita, etc. Specify
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	16b. KIND OF BU	JSINESS/INDUST	HY .
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Meider	n Surname)	took
19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADDI	RESS (Street and Number or Runa	Route Number, City or To	wn, State, Zip Coo	(0)
	aexen	1700 M	eridene H	14514, BP	1to-Me	21239
209 METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	emoval from State	other place) HR butu	(Name of cometery, crematory or 4. Men Pk	20c. L	alb'n	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	larguet R	man	22. NAME AND ADDRESS OF F	ACILITY MA	ich-	West (
23. PART i. Enter the diseases, o	or complications that caused	the wests. Do not er	ter the mode of dving au	ch as cardiac or man	olretory errest	Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cause on ea	ch line. Consequence of:	men wit	to bukn	oron /	interval Between Onset and Death
Sequentielly liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· loaque	CONSEQUENCE OF):	balanc	£ .		
PART II. Other algnificant condit	ions contributing to death bu	it not resulting in the	underlying cause given in	PERFO	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
				1 TES	2 10	OF DEATH?
25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	back anti-anal		
EXAMINER? 1 YES 2 NO	HOSPITAL:	Man 3 004 4	HER:			
27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			
3 Suicide 6 Could not 4 Homicide datermined		At home, ferm, street,	factory, office	281. LOCATION (Street City or Town, State	t and Number or F e)	tural Route Number,
	YSICIAN: To the best of my knowle					suse(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF		wen	29c, LICENSE NU			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) Clype, Print)	ENI		1	120/11
31. DATE FILED (Month, Day, Year)	2 32. REGISTRAR'S SIGNA		- 10 1			
UCT 25 1991	/ 1 /	ndell				



BALTIMORE, MARYLAND 21215-0020	VISIGNN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transmipermit. Pages 1, 2, 3 should fith the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-bransit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) Saundra M. Watkins (SANDRA MARIE) 4. SOCIAL SECURITY NUMBER 5. SEX						3 YEAR 91	3. TIME OF DEATH
1	212-60-4932 1□ M 2 Ø F	8. AGE (In yrs. 39	(est birthday) YRS.		EAR IF UNDER 24 HRS AYS HOURS MIN.		Cour	THPLACE (State or Foreign http)
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 6004 MORAVIA PK. DRI RESIDENCE OF DECEDENT	VE AP	T.2		TIMORE		9c. COUNTY OF	
	10a. STATE 10b. COUNTY			ALTIM				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
LONEHAL	10e. STREET AND NUMBER 6004 MORAVIA PK. DRI				101. ZIP CODE 2120		U.S	WHAT COUNTRY?
5	1 Never Married 2 Married FORCES?	NT EVER IN U.S. 1 YES 2 X WAR OR DATES	ARMED ()NO	If ye	B DECENDENT OF HISP es, specify Cuban, Mex YES 2 X NO Spe	ANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc. BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12TH College (1-4 or 5	- 1	DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCU work done duril se retired.)	PATION ng most of working		SECUR:	
	17. FATHER'S NAME (First, Middle, Leat) ARTHUR WILLIAMS					NAME (First, Middle, Malden COLEMAN		1 1 7
	19a. INFORMANT'S NAME (Type/Print) MARY WILLIAMS		196. MAILING 6004	MORA	VIA PK.	DR. APT.	n, State, Zip Code) 2/BALT(O., MD 212
	20s. METHOD OF OISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SPORATURE OF FUNDMAR, SERVICE LICENSEE	cemetery, c	cremetory or o	MEM.	PARK	LAN	DOVER,	
	* Simette &	· 9	no	WM.	C. MARCH	F.H./1101	E. NOI	RTH AVE.
	23. PART i. Enter the diseases, or complications the shock, of heart failure. List only one call IMMEDIATE CAUSE (Finel disease or condition resulting in death) Brace Due to	at caused the duse on each lie	death. Do r	not enter the	mode of dying, su	ich as cardlac or respi	ratory arrest,	Approximate Interval Between Onaet and Death 2 Yawa
	cause. Enter UNDERLYING CAUSE (Disease or injury	O (OR AS A CONS						
	PART II. Other algorificant conditions contributing to Seigure Disorder Hypertension	death but not	resulting i	in the under	lying ceuse given i	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TI COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input 1 2 Input 1 2 2 A CATE OF			OTHER: 4 Nursing	6. PLACE OF DEATH (C		HOME	
	Netural 5 Pending (Morth, L. 2 Accident Investigation 3 Suicide 2 Could 28s. PLACE (28s. P	Day, Year) OF INJURY — AI h		M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN		
	4 Homicide 8 Could not be determined building. 29a. CERTIFIER (Check only open on the building open on the buildi	Wit. (Specify)				28f. LOCATION (Street a City or Town, State)		roure Number,
-	one) 2 MEDICAL EXAMINER: On the basis of a 29b. SIGNATURE AND TITLE OF CENTIFIER	xamination and/or	r Investigation	n, in my opinio	on, death occured at the	e lime, date and place, and	due to the cause(s	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITE	ЕМ 27) (Туре,	Print)	029		10-	23-91
ŀ	31. DATE FILED (Month Day 10st) 5 199 32. REGISTING	AR'S SIGNATURE	Franc	is Xoh	key med	ical Cenku	7940 EC Balhmor	re marylan
JL_	11011 0 - 1000							DHMH-16 Rev 1/8

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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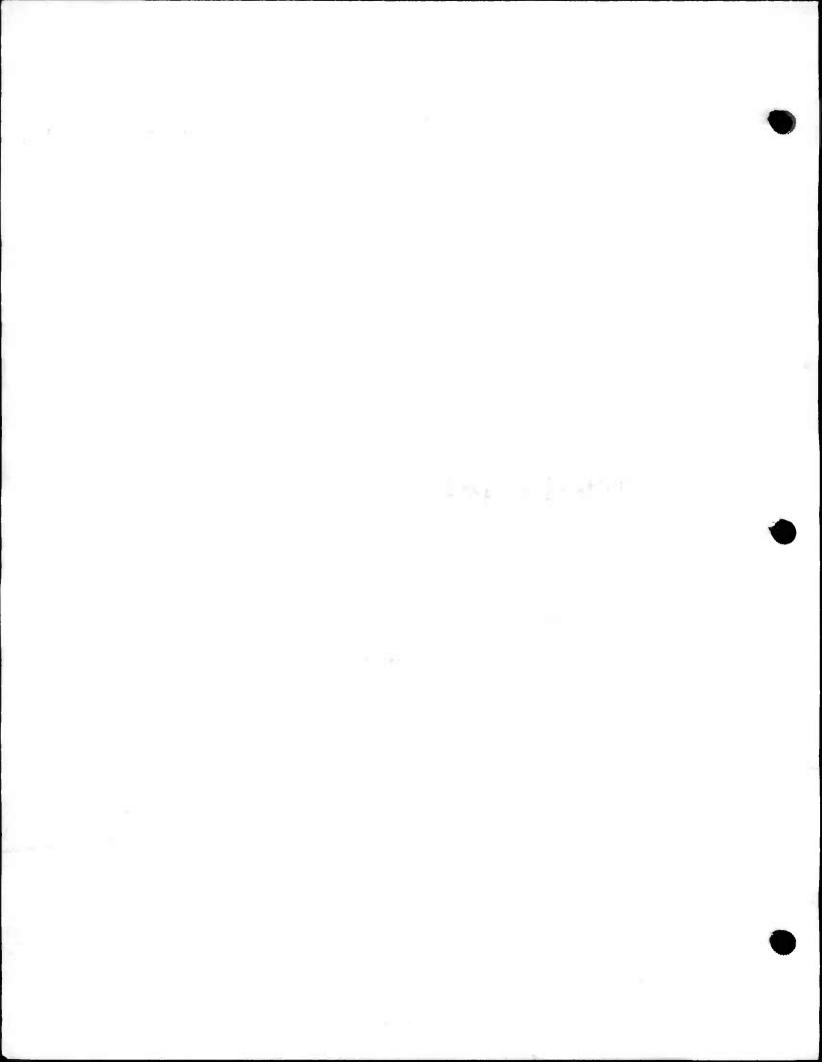
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	D.	
1. DECEDENT'S NAME (First, Miridia, Last)	Cleath F	. Work	ĸman		2. DATE OF DEATH MONTH	4 9	S. TIME OF DEATH
Control of the St. Control of the St.	SEX 6, AGE		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) NOV . 7,		BIRTHPLACE (State or Foreign Country) est Virginia
9s. FACILITY NAME (If not institution, give stree Loch Raven Veterar RESIDENCE OF DECEMENT				on Location of DE Baltimore		9c. COUNTY	OF DEATH
10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	Raltimore	City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 4414 St. Thomas	Avenue		•	Of. ZIP COPE	1206	1 "	n of what country? ed States
	2. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D AYMV WW I	2 NO ATES	ti yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specifi			. RACE — American Indian, Black, White, etc. Specify White
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION	16a. DECEDENT'S U	ork done during n retired.)	TON nost of working		usiness/indus	TRY
17. FATHER'S NAME (First, Middle, Last) (Not Known)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vorkman		18. MOTHER'S NA	ME (First, Middle, Maide (Not Kno		
19a. INFORMANT'S NAME (Type/Print) EVa D. Wood		44	14 St.	Thomas A	Noute Number, City or To Ve. Balt:	imore,	Md. 21206
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	ol from State		orest \	eterans	10/28/91	Owings	y or Town, State Mills Md.
21. SIGNATURE OF FUNERAL SERVICE LICEN	Milton J. K	inight Jr		and adoness of fa	Dalti		ld. 21214 rford Road
23. PART i. Enter the diseases, or columbto shock, or heart feliure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on e	Life deeth. Do no ach line.			h as cardiac or rea	piratory arres	t, Approximate interval Batween Onset and Desth
Sequentielly ilat conditione, if any, leeding to immediata cause. Enter UNDERLYING	Den	entra a consequence of					
CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART ii. Other significant conditions	contributing to death i	out not resulting in	n the underlyi	ng cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			00	PLACE OF DEATH (C)			
EXAMINER?	HOSPITAL:		OTHER:	ome 5 - Residence			
27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY Y	NJURY AT YORK?] YES 2 NO	28d, DEŞCRIBE HOV	INJURY OCCU	RED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		treet, factory, of	lice	281. LOCATION (Stree City or Town, Sta		Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morth, Day, Year) Adia Resident 10 44 41							
30. NAME AND ADDRESS OF PERSON WIND	COMPLETED CAUSE OF D	EATH (ITEM 27) (700.	Print)	+ Bult	more MC	3103	J .

July Davidson Randoll

Day, Year) 1991



PHYSICIAN:

BY

COMPLETED 28

BE

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DIRECTOR: A

FUNERAL within 72 I MPORTANT: 11

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Item

25 WAS CASE REFERRED TO MEDICAL

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The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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quires	nis certificate has been signed by the attendir	l Heah	SMO
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HYSK	ter this certifical	with t	ked,
NING P	After t	death with the State Dept. of Health and Mental Hygie	mar

BALTIMORE, MARYLAND 21215-

29090 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATN 3. TIME OF DEATH MONTH YEAR STANLEY WOLINSKI 91 5:20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 X M 2 - F 218 14 0591 YRS 10/7/24 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 613 ELLWOOD AVENUE 21224 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried If yes, specify Cuben, Mexicen, Puerlo Ricen, etc.) 1 YES 2 NO BY Specify 3 Widowed 4 Oivorced Specify: /4/46--5/22/47 WHITE ETED. 15. OFCEOENT'S FOUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highes 16b. KINO OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) 9 YEARS COMPL PAINTER 3900 CORP. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First Middle Maider Surneme) STANLEY WOLINSKI STELLA KRAJEWSKI 19e. INFORMANT'S NAME (Type/Print) DORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. LORRAINE WOLINSKI 613 S, ELLWOOD AVENUE BALTO. MD. 21224 20s. METNOO OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State DATE 20b. PLACEAND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State SACRED HEART OF JESUS 10-21 BALTO. CO. MD. 4 Donetion 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE. KACZOROWSKI FUNERAL HOME 2525 FLEET STREET BALTO. MD.21224 23. PART L Enter the diseases, Dr complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition METASTATIC SQUAMMOUS CELL CARCINOMA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION LARYNGEAL CARCTNOMA Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate e. Enter UNDERLYING CAUSE (Disease or injury OUF TO (OR AS A CONSEQUENCE OF that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO HYPOTHYROIDISM COMPLETION OF CAUSE 1 TYES 2 NO OF QEATH? 1 TYES 2 NO

CVAMMENO		26. PLACE OF DEATH (Check only one)				
1 YES 2 NO		HOSPITAL: 1 Nonpatient 2 ER/Outpatient 3 DOA		OTHER: 4 □ Nursing Home 5 □ Residence		6 Other (Specily)
27. MANNER OF DEATH 1 Antural 5 Pendl 2 Accident Invest		(Month, Day, Year)	28b. TIN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCUREO
3 Suicide 6 Could not be determined determined				ctory, office	261. LOCATION (Street end Number or Rurel Route Number, City or Town, State)	

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNEO (Month, Day, Year) 9 en

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR AARON GREEN, M.D., 9600 NORTH POINT ROAD, FT HOWARD, MARYLAND 21052

Suha Daydon-Handore

TO THE FUNERAL CHICAGO: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours, after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	18										C	1	29091
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	ICAT	T OF H	DEAT	AND	MENTA	HYGIE	NE -	1	2001
	1. DECEDENT'S NAME (First, Middle, Lest)	STEPH	eN	1	VASH:	INGTO	ON		2. DATE MONTI	OF DEATH	PAY 9	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/2-58-0140	5. SEX	8. AGE (In yrs. 1	est birthday) YRS,	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH Day, Year) 18/51		8. BIRTHPL Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s		IUE		9b, CIT		LTIN		EATH E CI	TY	9c. COUN	TY OF DEA	YH.
DIRECTOR	104. STATE 186. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION ON	,					Dd. INSIDE CITY LIMITS?
FUNERAL	1429 Ed mon	dson.	Au	e		101.	ZIP COO!	217			10g. CITIZ		AT COUNTRY?
ВХ	11. MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, spe	ENDENT Concept	n, Mexica	ın, Puarto F	7 (Specify Yellow)	ea or No-	14. RACE - Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +		DECEDENT'S Give kind of to. Do NOT us	work done	CCUPATIO during mos	on st of workin	ng	16b.	KIND OF BU	JSINESS/INDU	ISTRY	
	17. FATHER'S NAME (First, Middle, 15) 1)	le Was	himit	me.	na	re	18. Mg/1	HER'S NA	ME (First, A	fiddle, Maidel	1 Surname)	: me	
TO BE	190. INFORMANT'S NAME (Type/Print)	HOPK	ins	96. MAILING 436	ADDRES	S (Street ar	nd Number	or Rural	Route Numb	er, City or To	vn, State, Zip (Code)	21206
	20a. METHOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)			AND DATE			en	7.	19	20c. L	CATION - C	Ify or Town	State M.
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. Re	es		2	959	D ADDRES	No	かるら	FU) Ave	BAI	146	12 12 16
	23. PART I. Enter the diseases, or cahock, for heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	PNEUMON	se on aech lin	18.		the mod	de of dyi	ng, auc	h aa cerd	lac or reep	olratory erre	st,	Approximate intervel Batwes Onset and Dea
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		OR AS A CONS										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO	OR AS A CONSE	EOUENCE OF	ŋ:								
MEDICAL C	PART II. Other eignificent condition	e contributing to	death but not	recuiting	n the un	deriying	ceuse g	lven in	Part I.	24a. WAS AF PERFO	RMED?	AN CC	ERE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE FORATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL												YES 2 NO
2	EXAMINER? 1 X X ES 2 \(\text{NO} \)	HOSPITAL:	ER/Outpatient	3 DOA	OTHER				8 - Other				
BY PH	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		26b. TIM		28c. INJU WOR	RY AT				INJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — AI h	ome, ferm, s	treet, fact	ory, offica			281. LOCA City o	TION (Street r Yown, State	and Number of	Rural Rout	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHARLES CONTROL C	CIAN: To the best of s											d manner as stated.
L C	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						onth, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) OCME 10 19

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD 111 PENN STREET BALTIMORE, MARYLAND

31. DATE FILED (Month, Day, Year) OCT 25 1991

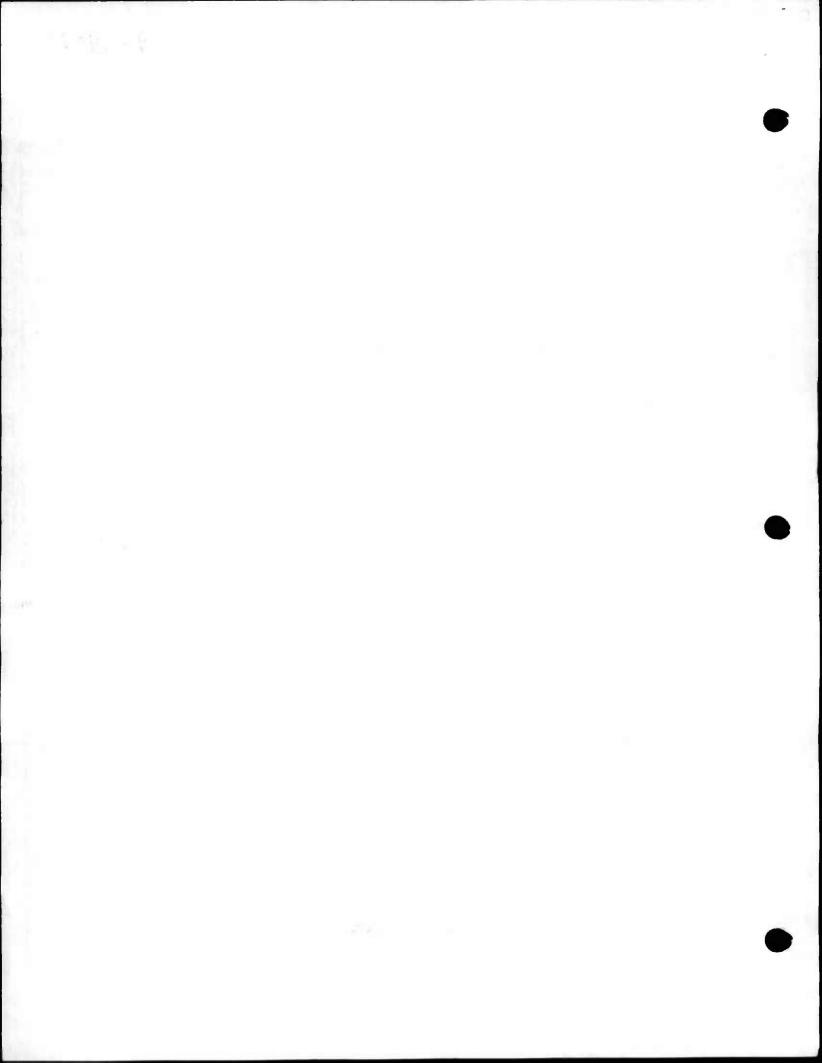
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St. All	REC	S S	E
TO THE MISSIAN DRIVER HAVE CAME THE SER PROVIDES THAT THE MEST CONTINUES IN AMERICAN CONTINUES AFTER STATE ABOVE THE NEW MANAGEMENT OF THE WORLD FOR THE SERVICE OF THE SER	0 7	be field within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Tids	AEB.	Till I	5
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE O	DEATH	REG. NO		
ZORSGTHE	A	nua.	e16-	V	MONTH D	AV YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-26-5895	5. SEX 6. AG	E (In yrs. lest birthday,	F UNDER 1 YEAR MONTHS DAYS	" IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-10-1914	8. BIR	THPLACE (State for April 1911) aryland
Washington County				or location of cartown		%c. COUNTY OF Washin	DEATH
10a. STATE 10b. COUNTY	nington		TY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 49 Nottingham Roa				of. ZIP CODE 2174	0		1 ₹ YES 2 □ NO
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	Bla	CE — American Indian, sick, Whita, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind o	s USUAL OCCUPAT work done during n use retired.)	nost of working	186. KIND OF BUI	siness/industry	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Malden		
Nelson Will	iam N	McGowan		Ida	Virginia	Mars	shall
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Vonda L. Jamison		5029	Harpers	Ferry Ro	oad Sharps	burg, Mo	d. 21782
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	vel from State	ob. PLACE AND DATE emetery, crematory or ROSE Hill	of disposition () other place) Cemetel	Name of 10-22		cation — city or erstown	Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE Douglas A. Fie	ENSEE	Na:	22. NAME	AND ADDRESS OF F	ACHITY	d Natio	nal Pike
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE O	DF):	want	Mixol	Sace	Onset and Di
PART II. Other significant conditions	contributing to death	but not resulting	in the underlyi	ng cause given in	PRIT I. 24s. WAS AN PERFOR	MED?	No. WERE AUTOPSY FINDS ANALASILE PRIORI TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
	HOSPITAL:	spotient 3 🗆 DGA	OTHER:	PLACE OF DEATH (C	s Other (Specify)		
27. MANUER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJUST (Month, Day, Mar)	286. TII	WE OF 28c. IN	ULIRY AT ORKY YES 2 NO	284. DESCRIBE HOW II	NUMY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUS building, etc. (Sp	RY — Al home, ferm, ecrly)	street, factory, offi	ce	281, LOCATION (Street a City of Roen, State)	and Mumber or flure	Route Number,
	IAN: To the best of my kno						(e) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON AND	1	- m	D	294 LICENSE NU			D (Month, Day, War)
							17/7/
21. DATE FILED (MOVED) (62) 1 10 1	32 REGISTRATES SIG	370	D MI	11 9	A Hapon	stown	nesti)



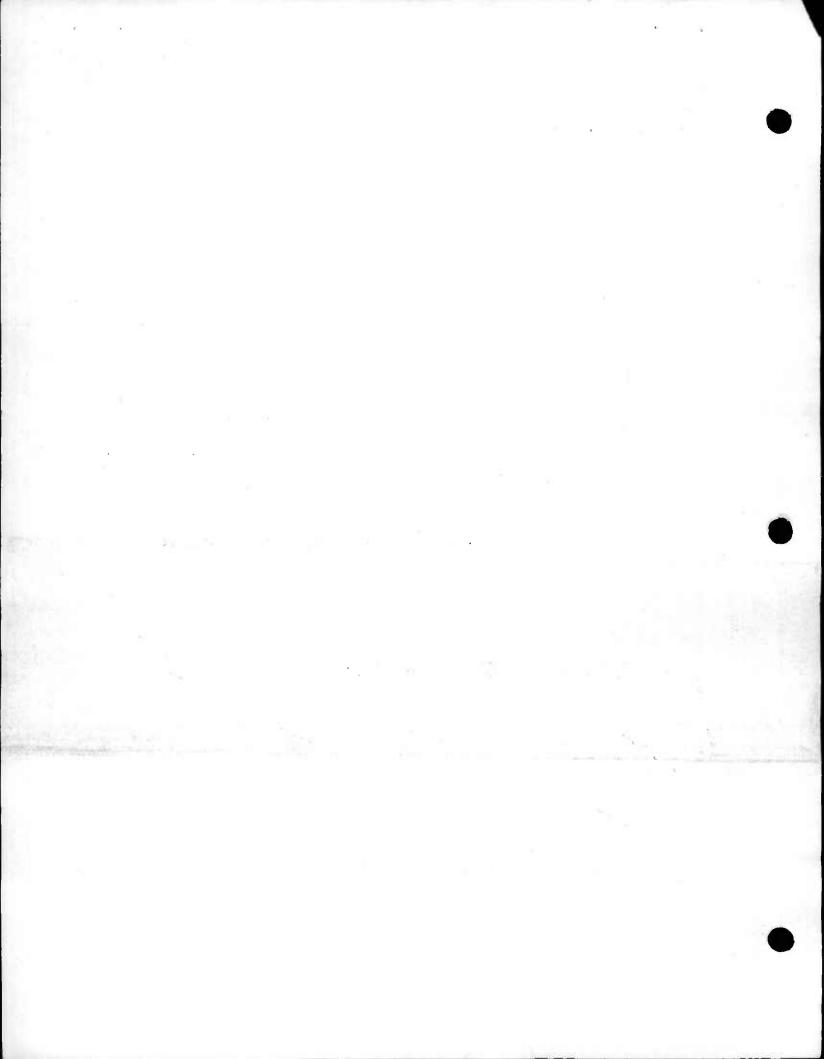
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermediate of the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 5.2.3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR		CI	ERTIF	ICATE OF	DEATH	R	EG. NO.			
A	1. DECEOENT'S NAME (First, Middle, Last)						2, DATE OF I	DEATH			3. TIME OF DEATH
	Robinson P. Ab	bott					OCTOBE	ER 5.	19	91	1:45 A M
	4. SOCIAL SECURITY NUMSER 217-32-0234	5. SEX	6. AGE (In yrs. les		# UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	HRTH y, Ybar) 19	915	8. BIRTHI Country	PLACE (State or Foreign
	as. FACILITY NAME (If not institution, give :	41	14 /0)	9b. CITY. TOWN	OR LOCATION OF D	Oct. 6), 49		V I I	GINIA
TOR	502 LANARK	WAY				SPRING	ZAIN			NTGO	
DIRECTOR	100. STATE 100. COUNT MARYLAND MONTO	GOMERY			LVER S	TION PRING					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 502 LANARK WA	AY			10	M. ZIP CODE 20901				ZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR X YES 2 I MAR OR DATES WWII	RMED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 \(\) NO Speci	en, Puerto Ricar		or No—		— American Indien, , White, atc. y: WHITE
Ш	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DE	CEDENT'S	USUAL OCCUPATE	ON out of wadding	16b. KIN	D OF SUSI	NESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	vation s		U.:	S. DE	PT.	OF A	GRICULTURE
S.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middl	le, Malden S	umeme)		
BEC	DR. WALTER S	. ABBO				LILLA		1100	INSO		
0	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural					
-	JEANNE T. ABBOTT	(WIFE)	5	02 L	ANARK WA	Y, SILVE	R SPRIM	NG, M	ARYL	AND	20901
	20a. METHOD OF DISPOSITION 1 V Burial 2 Cremetion 3 Ren	noval from State	20b. PLACE other pi	OF DISPO	SITION (Name of co	emetery, cremetory or		20c. LOC	ATION —	City or To	wn, State
	4 Donation 8 Other (Specify)		GATE	OF I	HEAVEN C						G, MARYLAND
٠	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				NIVERSIT					INC. P., MD 2090
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSE	OUENCE C	OF):	rusus	R - C	col	en		Interval Between Oneet and Death
	PART II. Other significant condition	d.	double but not	- Autoloo	In the westerful		n man La	e. WAS AN A		Lau	
PHYSICIAN: MEDICAL	arteriose	Cerot	ic h	OB		Sept		PERFORM	WED?	240.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	check only one)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 hesidence	8 Other (Sr	pec/fy)			
	27. MANNER OF DEATH	28a. DATE OF		28b. TH	WE OF 28c. IN	JURY AT ORK?	28d. DESCRI		JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm,		YES 2 NO	281. LOCATIO City or To	ON (Street ar.	nd Number	r or Rural F	Toute Number,
ᇤ							<u> </u>				
COMPLETED	(Check only one) 29a. CERTIFIER 1 CERTIFYING PHYS) end menner se stated.
BE	286 SIGNATURE AND TITLE OF CERTIFIE	We Ser	rast	1.1	Ima	29cm LICENSE NU	UMBER 2/2	/			(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	STACK, M				ORIVE, WI	HEATON.	MD 2			
	31. DATE FILEO (Month, Day, Year)		AR'S SIGNATURE								-



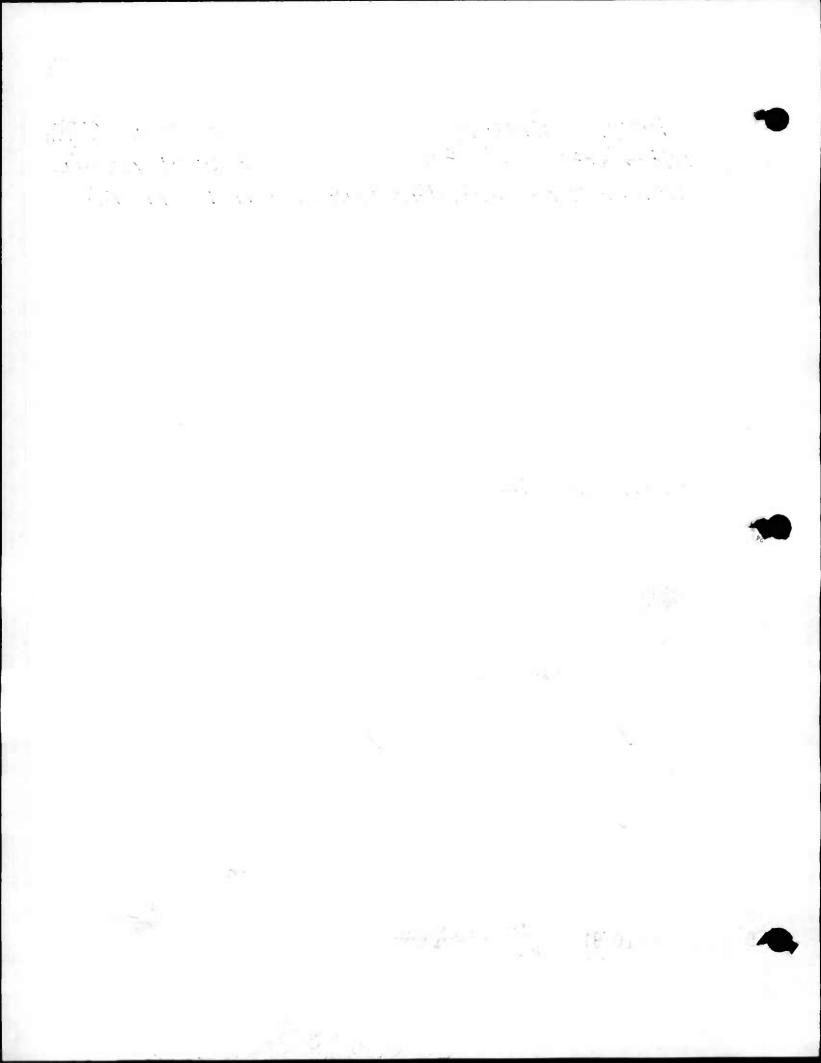
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within us after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	 of in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

Susans, miller, mo

31. DATE FILED (Month, Day, Year)

OCT 10 '91

	FOR	STATE OF MARY	I AND / DEDAD	TMENT OF	MEAITH AND	MATRITAL LIVO	- D	11	2909	4
_	1 - STATE REGISTRAR	SIAIL OF MANT	CERTIF	CATE O	F DEATH	MENIAL HYGI REG.				
	1. DECEOENT'S NAME (First, Middle, Les	"Brown)			2. DATE OF DEATH	DAY 07	YEAR 9	75	e .
	4. SOCIAL SECURITY NUMBER 578 – 36–6880	5. SEX 6. AGI	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Magth, Day, Year	-09	8. BIRTH	PLACE (State or F	Forwign
TOR	9a. FACILITY NAME (If not institution, given the present of the property of th	me Greate	r Wash.	9b. CITY, TOWN	KVILLE	E.Md.	9c. CO	MODIO DI	EATH T.	
DIRECTOR	10a. STATE 10b. COUR	NTGOMERY		TOWN OR LOC					10d. INSIDE CIT LIMITS?	
	10e. STREET AND NUMBER				Of, ZIP CODE		10g. CI	TIZEN OF W	WHAT COUNTRY?	NO
FUNERAL	6105 MONTROSE	ROAD			20852		UNI	TED S	STATES	
BY FUR	11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 X10	If yes, a	ECENOENT OF NISPA specify Cuban, Maxic ES 2 X NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yea or No-	14. RACE Black Specifi	— American Ind t, White, alc.	llen,
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	DUCATION (de completed)	16a. DECEDENT'S I	USUAL OCCUPAT	TION	16b. KIND OF	BUSINESS/IN	OUSTRY		
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during n retired.)	nost of working					
MP		3	HOUSEWIE	Æ		OWN				
	17. FATHER'S NAME (First, Middle, Lest) SAMUEL KATZ					AME (First, Middle, Mail	den Surname)			
B	19a. INFORMANT'S NAME (Type/Print)		T tob MAII INC	A DODESC (Co.)	MOLI					
5	SIDNEY BROW	N				Route Number, City or CKVILLE,				
	20a. METNOO OF DISPOSITION	20	b. PLACE AND DATE O				LOCATION -		wa State	_
	1 X Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	movel from State	BETH SHOLO	M CEME	TERY				S., MAR	VT.AN
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME	AND AGORESS OF F	ACILITY				
	tula	Stone				DBERG MEN E PIKE, E				
	23. PART I. Enter the diseases, o	r complications that cause	ed the death. Do no	ot enter the m	ode of dying, su	ch as cardiac or re	spiratory a	treat.	Approxim	
	shock, or heart failure IMMEDIATE CAUSE (Final	e. List only one cause on	each line.						Interval 8 Onaat an	atween
	disease or condition resulting in death)	. Corres	tive Lle	aut F	aduce				/ 24	160
	Tourselly III Country	DUE TO OR AS	A CONSEQUENCE OF):	. 0				- 01	11177
Z	Sequentially list conditions.	robabl	e Mu	ocar	dial I	nfare	tion		1224	lhos
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	:						
E C	CAUSE (Disease or injury that initiated events	c. HINGING	A CONSEQUENCE OF							
E	resulting in death) LAST	Hugarte	UC SUS	•					Years	
		0. 119/20							1200	
AL	PART II. Other significant condition	ona contributing to death	but not reaulting in	the underlying	ng cause given in		AN AUTOPSY	24b.	WERE AUTOPSY F	
PHYSICIAN: MEDICA	MOTIC MINEUR	45mm 1cept	air, ly	L MI	- lelyes	1 TYES	2 NO		COMPLETION OF OF DEATH?	
Σ	Cold don	/- 1->							1 - YES 2 E	NO
AN	25. WAS CASE REFERRED TO MEDICAL	(LOCT)								
SIC	EXAMINER?	HOSPITAL:	V	OTHER:	PLACE OF DEATH (CI					
H K	27. MANNER OF DEATN	1 Inpatient 2 ER/Out			me 5 Residence	8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	ORK?	28d. DESCRIBE NO	W INJURY OC	CURED		
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE OF INJUR	Y — Al home, ferm, st			281. LOCATION (Stre	et and Numbe	w or Rural Ru	nute Number	
Ī	4 Nomicide delarmined	building, etc. (Spi	ecity)			City or Town, St.	efe)			
7	29a. CERTIFIER (Check only	SICIAN: To the best of my know	viedos, death occurred	at the time det	e and place, and du	to the country and				
COMPLETED	one) 2 MEDICAL EXAMIN	NER: On the basis of examination	on and/or investigation	, in my opinion,	death occured at the	time, date and place.	and dua to t	ned. the cause(s)	and manner as a	stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIC				29c. LICENSE NU				(Month.aDay, Year)	
00	susa mill	Som			735	579	▶ DA	INC	7 91	
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF O	EATN (ITEM 27) (Type, I	Print)	(10101	20 (. 1	010	- 10	-
	Jusan J. Miller, n	10 Hebrew H	ome of CH	r. Was	6184	Montros	LIM	1 coch	-Villein	M



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY Theressa Wilson Brown THENSA YEAR 635A 91 10 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Year)
Jan. 29,1904 DAYS 578-56-9150 1 🗌 M 2 🔯 F 87 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT DIRECT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? D.C. None Washington 1 K YES 2 NO permit FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 1511 Michigan Avenue N.E. 20017 retained by the hospital or attending physician. United States 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black 38 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION use 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during most of working life. Do NOT use retired.) ğ Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 5+ Professor Education once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F William Wilson BE Ida L. Smith notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Campbell 1515 Michigan Ave. N.E., Washington, D.C. 20017 ours after death. Page 6 may be pe 20a METHOD OF DISPOSITION
1 Description 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must director, Ft. Lincoln Cemetery 4 Donation & Other (Specify) 10/9/91 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral McGuire Funeral Service, Inc. filled in by the formoval. 7400 Georgia Ave. N.W., Washington, the medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory street, Approximate shock, or heert fallure. List only one cause on each line. intervsi Between 0 IMMEDIATE CAUSE (Finei cremation. Onset and Desth CARDIAC ARREST completely OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): an and com RENAL FAILURE traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) been signed by the attending physician pt. of Health and Mental Hyglene prior to 3 shows any injury, or other traum HYPERGLYCEMIC HYPEROSMOLIAR NON-KETOTIC COMA cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events SEPSIS recuiting in death) LAST injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS RESPIRATORY DISTRESS AVAILABLE PRIOR TO INSULINDEPENDENT COMPLETION OF CAUSE OF DEATH? HYPERTENSION, 1 YES 2 NO CARDIOMYOPATHY After this certificate has bee death with the State Dept. I marked, or Item 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M After 1 BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: At filed within 72 hours after de 3 Suicida 28 is COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined item 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL (Fig. within 72 h 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 200 ENCHATURE AND TITLE OF CERTIFIER BE 29d. DATE SIONED (Month, Day, Year) MP D26571 10 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, SUZIM JING MO 5 5413 CEDAR LANE 31. DATE FILED (Month, Day, Year)
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	1. DECEDENT'S NAME (First, Middle LO15		LOIS L.		SNAN		2. DA	TE OF DEATH		AR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 411-26-2118	5. SEX	6. AGE (In yrs. last	YRS.	IF UNDER 1 YE MONTHS DA	rs HOURS	MIN. NOV	re of BIRTH onth, Day, Year) 7.18,192	22 Te	ountry) ennes	
TOR	9a, FACILITY NAME (If not institution SHADY GROVE RESIDENCE OF DECEDE		T HOSPITA	94		VILLE			MONT		
DIREC	Maryland Mo	county ontgomery		10c. CIT	y, town on L ckvill						1. INSIDE CITY LIMITS? Î YES 2 NO
BY FUNERAL DIRECTOR	100. STREET AND NUMBER 6501 Old Farm					101. ZIP CODE 208.	52		10g. CITIZEN	U.S.	Α.
	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	ENT EYER IN U.S. AR 1 YES 2 X N E WAR OR DATES	MED IO	If ye	DECENDENT OF s, specify Cuban YES 2 X NO	, Maxican, Puar	GIN? (Specify Yai to Rican, atc.)	n or No 14.		American Indian, hita, atc. Vhite
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BE COM	17. FATHER'S NAME (First, Middle, Richard Lee		Į IIOI	remar		18. MOTH		t, Middle, Maiden	Surname)		
TO E	Richard J. Bro		n) 3	3525	Davenp	ort St	.,N.W.	umber, City or Tow Wash. I	D.C. 20	8000	
	20a. METHOD OF DISPOSITION 10 Burlei 2 Cremation 3 4 Donation 5 Other (Special Series) 21. SIGNATURE OF FUNERAL SER	ify)	other pla	nce)	leaven	Cemetery, creme Cemete:	ry		cation – chy lver Sp		
	Drich Phich	all the	hels		Jose	ph Gaw	ler's S	Sons, In ve., Was			0016
	23. PART I. Enter the disease ahock, or heart if IMMEDIATE CAUSE (Finei disease or condition resulting in death)	fellure. List only one of		Car	not enter the	mode of dylr	ng, such as c	erdiec or resp	Iratory errest	,	Approximats interval Between Onset and Desth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b	TO (OR AS A CONSE	DUENCE C							
CERT	PART II. Other algnificent co	d.	to death but not		In the conde	fula - cours -	luca la Bast I	. 24a. WAS AN	Aumoney		RE AUTOPSY FINDINGS
MEDICAL			TO GOOTH DUT HOLE	eauting	III tile tilitai			PERFO	RMEO?	AV, CO DF	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
rsician:	25. WAS CASE REFERRED TO MEI EXAMINER? 1 YES 2 NO	HOSPITAL:	2 - ER/Outpatiant 3	DOA	OTHER:	6. PLACE OF DE	11-21-11-11-1				
ву рну	- Constitution	ing (Monti	OF INJURY n, Day, Year) E OF INJURY — At he		M 1	WORK?) NO	DESCRIBE HOW			
LETED	200 CERTICIER	mined build	ng, etc. (Specify)	_			- (OCATION (Street Sity or Town, State)	nursi riout	Number,
COMPLET	(Check only one) 2 MEDICAL	EXAMINER: On the beals				on, death occur	ed at the time, o		nd dua to tha c		
TO BE	29b. SIGNATURE AND TITLE OF C	4//	MM).	M 27) (Em	a Print) T		NSE NUMBER	MD			11,1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Josephy Haggerty MD TOSCH HAGGERTY 14808 PHYSICIANS HAGGERTY TO THE CHIEF THE COUNTY, Day, Year)

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1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

17-30-5524

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MALED F

BOLINGER

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

7. DATE OF BIRTH

03/28/100

6. AGE (In yrs. last birthday)

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunal-transit permin
	hours	lled in t
IVISION OF VITAL RECORDS, P.O. BOX 68760,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit an after heart with the State Dear of Health and Mental Hunlane prior to burial creamston or commen

9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH REDERICK MEMORIAL HOSPITAL DIRECTOR FREDERICK RESIDENCE OF DECEDENT FREDERICK BRUNSWICK LOCATION FUNERAL 14 K ST. NUMBER 101. ZIP CADE 716 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 VES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 WES 2 NO NO NO В 3 Widowell 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) FARMER examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) OLIVE ESTELLA ORNDORFF ANDREW GODFREY BOLINGER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Gode). 2 EVELYN CLARK 14 K ST. BRUNSWICK 20e. METHOD OF DISPOSITION BURIAL
1 Durial 2 Cramation 3 Harmoval 1:
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MT. HOPE CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS WOODSBORO, MD medical 23. PART I. Enter the disesses, or complications that daused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel shows any Injury, or other traumatic event, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. ementra marked, or item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetiant 2 ER/Outpetient 3 DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNEW OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? Natural BY 1 YES 2 NO 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) COMPLETED 8 Could not be 4 Homicide datermined 29e. CERTIFIER
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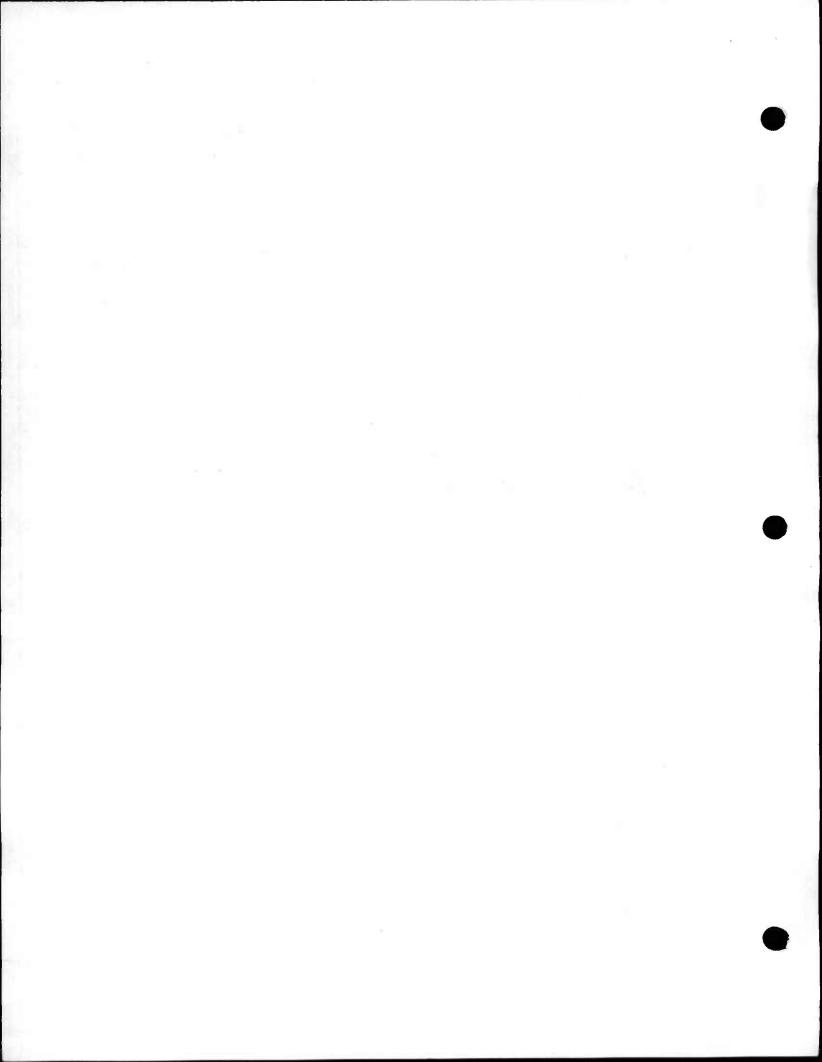
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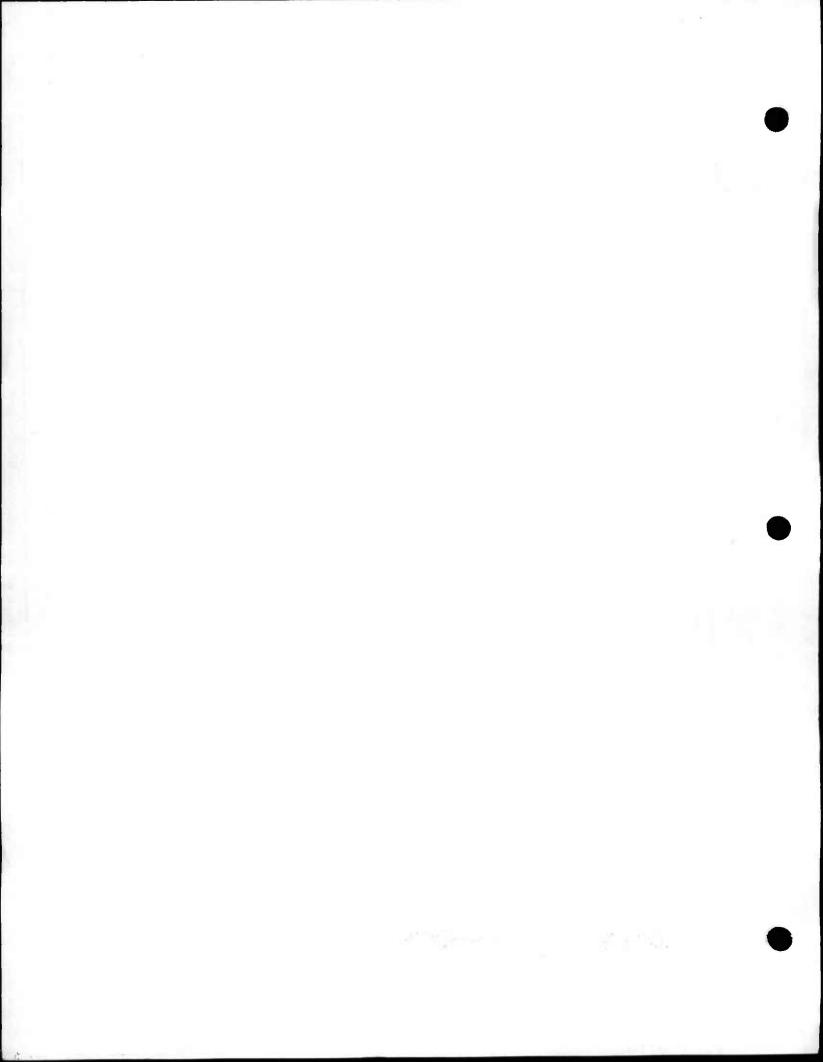
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OCC. 10, 1991 3. TIME OF DEATH 11:05AM 8. BIRTHPLACE (State or Foreign WESTOWNIRGINIA 9c. COUNTY OF DEATH REDERICK 104 INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. WHITE 16b. KIND OF BUSINESS/INDUSTRY AGRICULTURE 21716 20c. LOCATION — City or Town, State WOODSBORO, MD Approximeta intervel Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 10/91 10



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Ann Theresa Bauc	om							MOI	tober	DAY Q 1.0	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	_	E OF BIRTH	9, 19		12:06 A IPLACE (State or Foreign
041-22-3727	1 🗌 M 2 🎇 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	onth, Day, Year)	928	Countr	necticut
9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	, TOWN C	OR LOCAT	ON OF D		1272	-	INTY OF D	
9320 Corsica Dri	ve					nesda						
RESIDENCE OF DECEDENT					Deti	resuc				MOL	itgom	ery
10a. STATE 10b. COUN			10c. CIT	Y, TOWN O	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
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					101	. ZIP COD	Ε			10g. CIT	IZEN OF V	YNAT COUNTRY?
9320 Corsica Dri						208					ted	States
1 Never Merried 2 X Married		YES 2	ARMED NO	13. \	WAS DEC	ENDENT (OF NISPAI	NIC ORIG	GIN? (Specify Y	es or No-	14. RACE Black	— American Indian, k, Whits, atc.
3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES				2 NO					Speci	
15. DECEDENT'S ED	UCATION	16a.	OECEDENT'S	USUAL OC	CCUPATIO	ON.		1.	AL VIND OF B	HOWEDOWN	Dilayeni	WILLE
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12	Conege (1-4 of 5	*)	Н	omema	aker					Own	Hom	0
17. FATNER'S NAME (First, Middle, Lest)							HER'S NA	MF /Fire	, Middle, Maide		110111	-
George A. Lippi									howsky			
19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS	(Street a		-46		mber, City or To		Codel	
Howard H. Baucom									sda,			20014
200 METHOD OF DISPOSITION		20b. PLAC	E AND DATE				СВС			OCATION -		
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21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Joace	- OL 11	caver	ii ce	IN APPRE	T Y I	.U/ I	2/91 S	llver	Spr	ing, MD
				22. 1	NAME AN	IV ADDRE		CILITY		70 77	la a was an la	
> 411.11 Z	40 1) MOC	1672	HO	ome/	Beth	esda	-Ch	Robert evy Ch	ase, P	umph Inc.	rey Funer
≥ Well E- 23. PART I. Entar tha diseases, or	Boses Complications the	caused tha	0672	HO W	ome/ 1SCO 501	Beth	esda	i-Ch	Robert evy Ch , Beth	A. P ase, esdá,	umph Inc. Mar	
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICALS

	1 - STATE REGISTRAR	01112 01 1	CI	ERTIF	ICATE OF	DEAT	TH I	REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last							2. DATE OF DEATH		3. TIME OF DEATH
	Charles	BROOKS						0 - 1 - 1	8, 19	YEAR 0330 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
	215-14-7066	82	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Sept. 9,]		Country)	
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN		ON OF DE	ATH		TY OF DEATH	
DIRECTOR	Calvert Memorial	. Hospital	L		Prince	Frede	eric	k	Cal	vert
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	-								
E	1.00.0001	alvert		10c, CI1	Prince			1.		10d. INSIGE CITY LIMITS?
2	10e. STREET AND NUMBER	arverr						K		1 YES 2 X NO
A	175 Dares Beach			1	H. ZIP CODE				EN OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AR	20678						JSA	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 XI	2 XNO If yes, specify Cuban, Maxican, Puart					or No—	14. RACE — American Indian, Black, White, etc. Specify: Black
8	15. DECEDENT'S ED	UCATION	16a, DE	CEOENT'S	USUAL OCCUPAT	ON		16b. KIND OF BU	SINESS/INO	ICTOV
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of Do NOT u	work done during m	ost of workin	g	TOOL KIND OF BU	JINESS/INOC	John
릴	0-5			Farm	er					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NAI	ME (First, Middle, Malden	Surname)	
BE (Lawence O. Broo	oks				1		Kallen		
0	19a. INFORMANT'S NAME (Type/Print)	2776	196	b, MAILING	ADDRESS (Street			loute Number, City or Tow	n, State, Zip i	Code)
	Gussie Gross		9	990 I	ares Be	ach R	d. F	rince Free	leric	k, Md 20678
	20s. METHOD OF DISPOSITION 1 Street Burlet 2 Cremetion 3 Ref	novel Imm State		AND DATE	OF DISPOSITION /A					ty or Town, State
	4 Donation 5 Other (Specify)		Brook	s Ch	urch Cen	eter	y 1	0/22/91 St	. Leo	nard, Md
H	21. SIGNATURE OF FUNERAL SERVICE L				22. NAME A	NO ADORES	S OF FAC	CILITY		s Beach Rd.
	* spencert	Serve	L		Sewell	Fund	ara1			ederick, Md
	23. PART i. Enter the diseesea, or	complications the	t ceused the de	ath. Do i	not enter the me	de of dyl	ng, auch	as cardiac or respi	ratory arre	et, Approximate
	shock, or heart failure iMMEDIATE CAUSE (Final	. Liet only one ceu	se on eech line						,	interval Between Onset and Death
1	disease or condition resulting in death)	. ad	cno ca	~ C ~	Aug 6	q	code	50		Chaet and Death
ĺ	resulting in death) a. Question Carcinoma 94570 Due to (or as a consequence of):									
Z	Sequentially list conditions,									
Ĕ	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):					
5	CAUSE (Disease or Injury	C. District		AS A CONSEQUENCE OF):						
	that initiated evente resulting in death) LAST	DOE TO	OH AS A CONSEC	DUENCE O	F):					
CERTIFICATION		d								
7	PART II. Other eignificent condition	na contributing to	deeth but not n	esulting	in the underlyin	g ceuse g	iven in l			24b. WERE AUTOPSY FINDINGS
DICAL								PERFOR	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä I									× no	OF DEATH?
ž										1 YES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	LACE OF DE	ATH (Che	ck only one)		
Si l	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hon	ve 5 ☐ Rai	sidenca (5 Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF (Month, Di	INJURY by Year)	28b. TIM	E OF 28c. IN.	URY AT	T	28d. DESCRIBE HOW I	JURY OCCU	JRED
≥	1 Natural 5 Pending 2 Accident Investigation		,,,,,,,		M 1 🗆		NO			
	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, farm, i	street, factory, offic	•		28f. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,
	4 Homicide detarmined							ony or rown, orang		
립	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, da	nth occum	ed at the lime, date	and place,	and due t	to the cause(s) and man	ner sa stated	1.
COMPLETED	one) 2 MEOICAL EXAMIN	ER: On the basis of ax	amination and/or i	nvestigatio	n, in my opinion, o	leath occure	d at the t	lme, data and place, an	d due to the	cause(a) and manner as stated.
BE C	586 SIGNATURE AND TITLE OF CENTIFIE					29c. LICE				SIGNED (Month, Day, Year)
	YUU					DI	120	615		7-18-91
٩	30. NAME AND ADDRESS OF PERSON WI		E OF OEATH (ITEN	4 27) (Type,	Print)	T				.0 /1
I	Ronald Ross, M.	D.								
19-		1 32. REGISTRAL								

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.

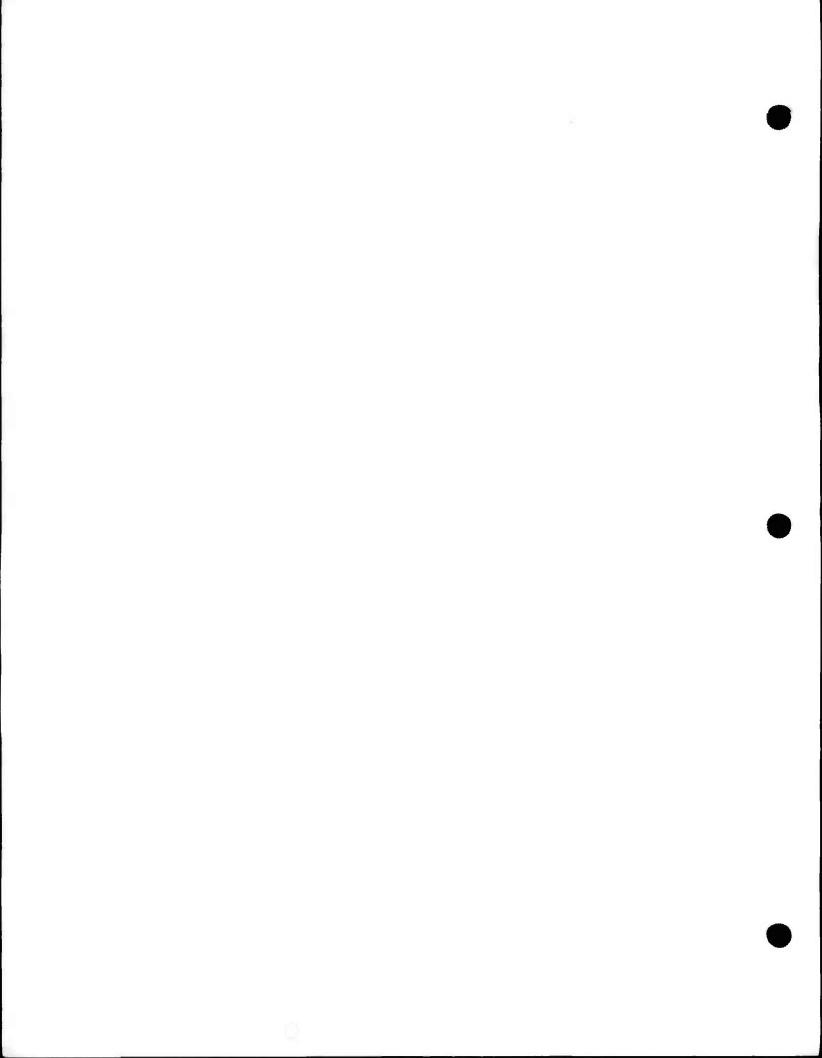
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pag be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

12

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,	Middle, Lagt)	Bruce	GARET HE	NRIE	TTA 1	BRUC	Е		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	wur	5. SEX	6. AGE (In yrs. lesi	67-46-3-3				6-11-7-1	7. DATE OF BIRTH	13	9/	IPLACE (State or Foreign
	212 36 5863		1 M 2 F	70	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, Day, Yea 8-7-192		B. BIRTH Countr MD	y)
	9a. FACILITY NAME (# not in	stitution, give s	reet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH	9c. CO	JNTY OF D	EATH
FUNERAL DIRECTOR	1766 Dunto					Cro	wnsv	ille			I	nne .	Arundel
딥	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	c. CITY, TOWN OR LOCATION					10d, INSIDE CITY		
E	MD	An	ne Arund	el	Fa	Fairhaven					LIMITS? 1 TES 27 NO		
AL	10e. STREET AND NUMBER				10f. ZIP CODE				10g. CI	109. CITIZEN OF WHAT COUNTRY?			
E	Fair	haven	Cliffs								USA		
5	11. MARITAL STATUS 1 Never Married 2	Married		IT EVER IN U.S. ARI		D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuban, Maxican, Puarto Rican, atc.)					14. RACE Black	14. RACE — American Indian, Black, White, atc.	
B	3 X Widowed 4 Divo		IF YES, GIVE	WAR OR DATES		1 TYES 2 18 NO Specify: Specify:					white		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1 Administrative Asst. US						SUAL OCCUPATION It does thirting most of working				IDUSTRY		
COMPLETED							IIC I	US Navy					
OM	17. FATHER'S NAME (First, M	liddle, Last)	*	A	ami ii	15010	1010	_		ME (First, Middle, Ma			
BE C	Joseph	F		Co1	lins	on, S	Sr.	Н	enrie	etta P			Prout
2	19a. INFORMANT'S NAME (-							loute Number, City or			
	Alfred M.		Jr.	20b. PLACE						Spring,	PA 1		
	1 X Burlat 2 Crematic	on 3 🗆 Rem	oval from State	other pla	ice)								
	4 □ Donetton 5 □ Other (Specify) Friendship UM Church Cem. Friendship (AZ 21. SIGNATURE OF FUNERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							(11117_1115					
	11.11	mela	el P	ange			Rau	sch	Funer	cal Home	Owin	gs, l	MD 20736
	23. PART I. Enter the d	Iseaces, or o	complications the	Catised the de	ath. Do	not enter	the mo	de of dy	Ing, auch	n as cerdiac or r	eaplratory a	rreet,	Approximate Interval Between
	IMMEDIATE CAUSE (FI			NES THE SECOND									Onset and Death
ļ	disease or condition resulting in deeth)	\rightarrow		noHor		_							
-	DUE TO (OR AS A CONSEQUENCE OF): UNS METATASIS												
P P	Sequentially list condit if any, leeding to imme	diete		(OR AS A CONSEC									
S	cause. Enter UNDERLY CAUSE (Disease or Inju		c	OR AS A CONSEC	NIENCE O	IEMPS AD.							
MEDICAL CERTIFICATION	thet initiated events resulting in death) LAS	т	d	(on no n consec	, , , , , , , , , , , , , , , , , , , ,	. ,-							
2	PART II. Other algolitics	ant condition	e contributing to	death but not r	enulting	In the ur	derlyln	C COLICO	alven in	Port I 24- WA	S AN AUTOPS	v 241	b. WERE AUTOPSY FINDINGS
S	TATT II. Other mighttee	unit domantion	- continuating to	J GOSTII DUT HOL I	vautung	mi the di	ruer rym	g cause	given in	PE	FORMED?	1 2"	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED										1 🗆 YE	S 2 NO		OF DEATH?
										_			T TES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL					28, PI	LACE OF I	DEATH (Ch	ock only one)			
SIC	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHE		na 5 □ R	la aldence	6 Other (Specify	5 Pru	vita r	vury Gem
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5	Pending	26a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF JURY M	WC	IURY AT ORK? YES 2	□ NO	26d. DESCRIBE H	OW INJURY C	CCURED	<i>y</i>
D BY		Investigation Could not be	28e. PLACE	OF INJURY — At he	me, ferm,	street, fac				26f. LOCATION (S City or Town,		per or Rural	Routa Number,
COMPLETED	4 Homicide	determined											
MPL	one)		ICIAN: To the best of										
8	2 MEL			exemination and/or	Inveatigati	on, in my	opinion, o						a) and manner as atated.
TO BE	296. SIGNATURE AND TITL	md	1~					29c. LIC	O &	118	29d. D.	TE SIGNE	O (Month, Day, Year)
F	STANURY	PERSON WI	OCOMPLETED CAI	JSE OF DEATH (ITE	M 27) (Typ)	e, Print)	LA/	VIL	Lin	57	ANA	n	1021401
	31. DATE FILED (Month, Day	7 199		AR'S SIGNATURE									
		* / IJJ	1 Julia	Davidson-A	andals	2							



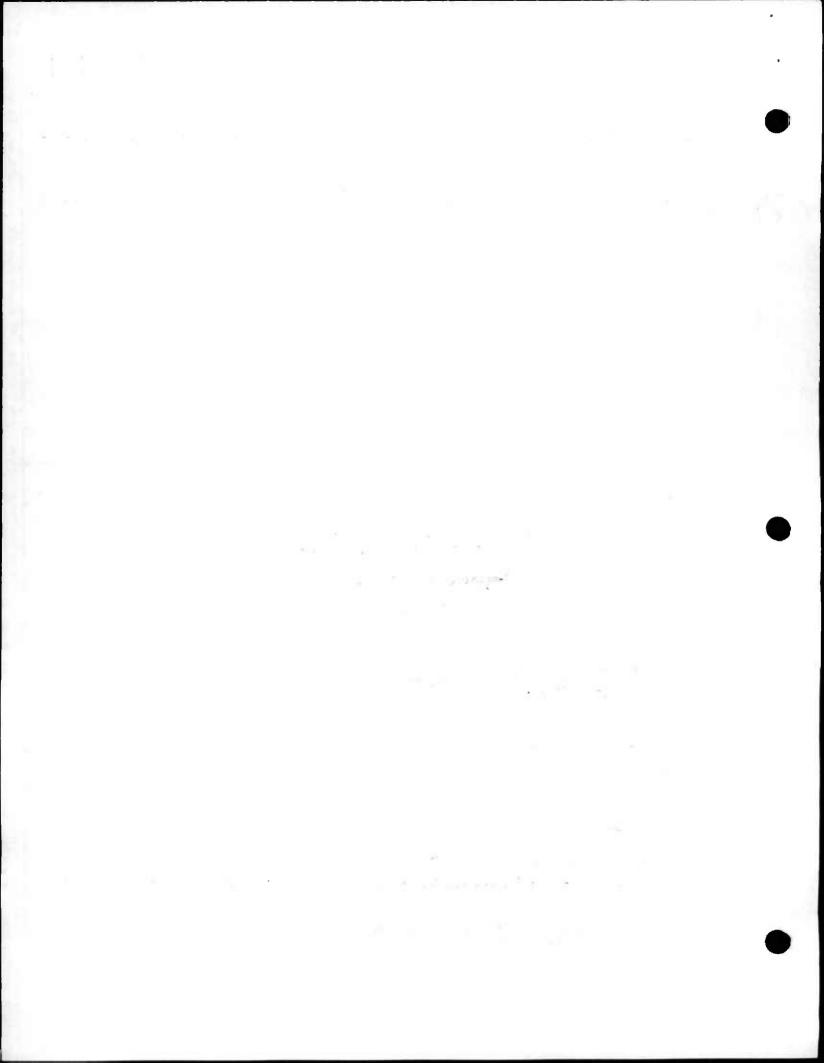
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht		IMPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	国

31. DATE FILED (Month, Day, Year)

'91

	FOR 1 - STATE	STATE OF MARY	YLAND / DEPAF	RTMENT OF I	HEALTH AND	MENTAL HYGIEI	91	29101		
	1. OECEOENT'S NAME (First, Middle, Last)	BECCA	CERTIF	ICATE OF	DEATH	2. DATE OF DEATH	D.	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-34-3077 86. FACILITY NAME (If not institution, give sit	5. SEX 8. AG	RE (In yrs. last birthday) RE (YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) JUNE 21,	1907	BIRTHPLACE (State or Foreign Country) MARYLAND Y OF DEATH		
DIRECTOR	ST MARY'S RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	HOSPITH			VARDT		S. COUNTY	MARY S		
	10e. STREET AND NUMBER	MARY'S		ENUE	Dt. ZIP CODE		10g. CITIZE	LIMITS? 1 YES 2 NO 109. CITIZEN OF WHAT COUNTRY?		
FUNERAL	66-J LOUIS BAILEY				20609			S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 XNO	If yea, ap	CENDENT OF HISPA pecify Cuben, Mexico S 2X NO Specific	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) fy:		4. RACE — American Indien, Black, White, alc. Specify: WHITE		
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 11TH GRADE	CATION completed) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	166. KIND OF BU		STRY		
CON	17. FATHER'S NAME (First, Middle, Last)		1100	3PAATT.	18. MOTHER'S NA	AME (First, Middle, Maider				
BE	JOSEPH FENWICI	K BAILEY	La de la companione		MAZII			HESELDINE		
2	CELINE BANAGAN HII	г.т.				AD, AVENUE				
	20e. METHOO OF DISPOSITION 1 Secrete 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE AND DATE OF SERVICE OF	OF DISPOSITION (Na ther plece) RT CEMET	rene of 10	O/19/91 B	OCATION - City			
	21. SIGNATURE OF FUNERAL SERVICE LICE Michael &	Hardin	w	MATTIN P.O. E	NGLEY—GAI SOX 270.	CILITY RDINER FUN LEONARDTO	ERAL HO	OME, P.A. RYLAND 20650		
	23. PART I. Enter the diseases, or construction or construction. Limited in the construction of the constr	complications that ceus List only one ceuse on DUE TO (OR AS	eech line.	not enter the mo	ode of dying, suc	th as cerdiec or reep	ilretory arrest	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially liet conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		S A CONSEQUENCE OF							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Circles Vos	cular acc		n the underlying	g cause given in	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIA		HOSPITAL:		26. PL	LACE OF DEATH (Ch	eck only one)				
HYS		1 Impatient 2 ER/Ou 28a. DATE OF INJURY		4 - Nursing Hom		8 Other (Specify)				
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicida 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJUS	?) INJI	M 1 1	YES 2 NO	28d. DEŞCRIBE HOW 28t. LOCATION (Street				
ETEC	4 Homicide determined	bunding, atc. (Sp	овспу)			City or Town, State,)			
COMPLETED	2 MEDICAL EXAMINER		wiedga, daath occurre	ed at the time, date	end place, end due	to the cause(e) and me time, data end place, er	nner ee stated, nd due to the co	euse(e) end manner se stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO	term	ho	7	29c. LICENSE NUM	1380	29d. DATE SI	IGNED (Month, Day, Year)		
	JOHN F. FENWICK,		ONARDTOWN		ND 2065	0	3			

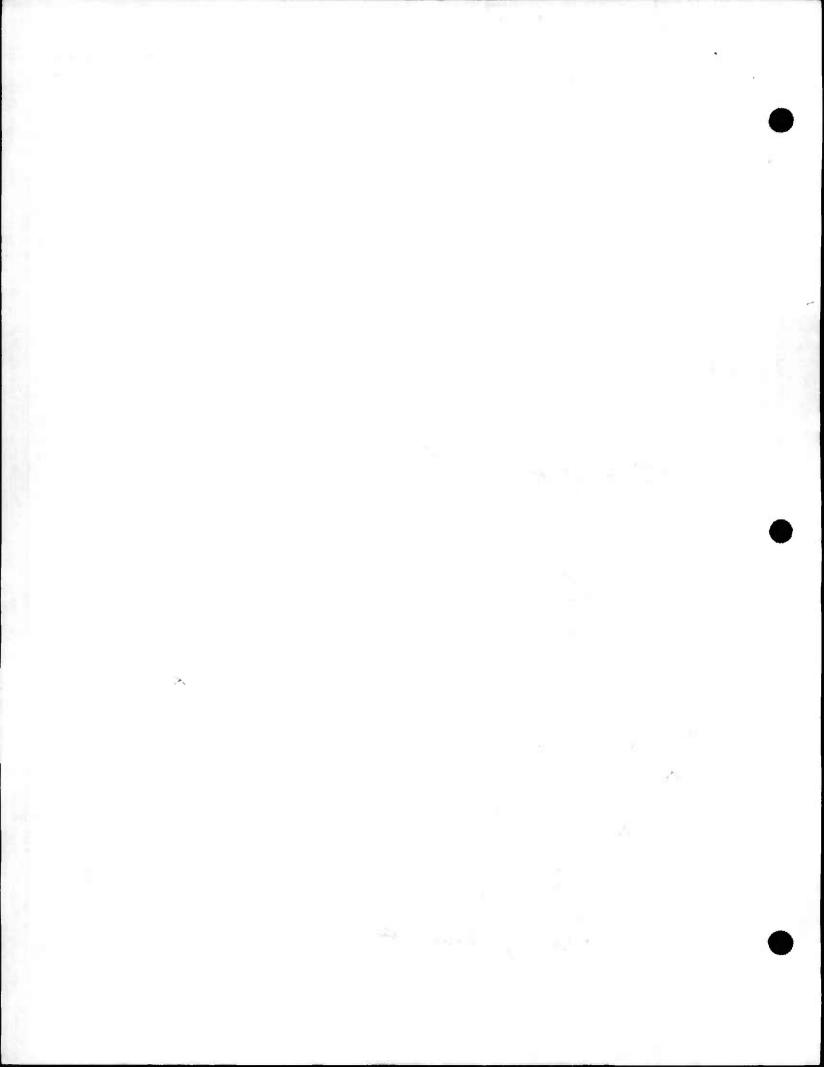
32. REGISTRAR'S SIGNATURE Pandall



ONMN-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYG REG.		LUS		
1. DECEDENT'S NAME (First, Middle, DONA	ALD WILLIA		IERS			15, 1991			
4. SOCIAL SECURITY NUMBER 214-14-6009 90. FACILITY NAME (If not institution,	1 \upmathbb{M} M 2 \square F 72 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year, OCT \sim 27,					ur)	BIRTHPLACE (State or Foreign Country) IARYLAND OF DEATH		
ST. MARY'S			LEONA	RDTOWN		ST.	MARY'S		
MARYLAND 10b. C	MARYLAND ST. MARY'S			POINT		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 X NO			
GENERAL DELIVI	ERY, P.O. BOX	217	1	v. zip code 20674	,	U.S.A.			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 X YES 2				ANIC ORIGIN? (Specifican, Puerto Ricen, etc.) illy:	y Yes or No— 14.	res or No— 14. RACE — American Indien, Black, White, atc. Specify: WHITE		
15. DECEDENT' (Specify only highes Elementary/Secondery (0-12) 9 17. FATHER'S NAME (First, Middle, Little D. D. V.	S EDUCATION t grade completed) College (1-4 or 6+)	16a. DECEDENT'S (Give kind of life. Do NOT u		ION ost of working	NUFACTUR				
HARRY	BOWE	RS		18. MOTHER'S N	IAME (First, Middle, Mi				
WILLIAM E. BOWI	196. INFORMANT'S NAME (Type/Print) 195. MAILINO ADDRESS (Street end Number or Pural Route Number, City or Town, State, Zip Code) WILLIAM E. BOWERS 66 CROUSE PARK, LITTLESTOWN, PENNSYLVANIA 17340								
4 Donation 5 D Other (Specify	20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, Blate DATE DATE 20c. LOCATION - City or Town, Blate DATE D								
Edulaul)	V Down	M00052	BRI	NSFIELD	FUNERAL E , Marylan				
23. PART i. Enter the disease shock, or heart fe iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s, or complications that cause on liture. List only one cause on our To (OR A:	aech lina.		/	ich es cerdiac or	respiratory arres	Approximate interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AL	S A CONSEQUENCE C	Styc Styc With	activ	e f	ilmo	nary		
that initiated events resulting in death) LAST									
PART II. Other significant con 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			2 "	s los	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	hitostlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (A	I		
27. MANNER OF DEATH 1 Netural 5 Pendin	26e. DATE OF INJUF (Month, Day, Yea	RY 28b. TI	ME OF 26c. I	JURY AT YORK?	a 6 Other (Specification of the Company of the Comp	OW INJURY OCCU	RED		
2 C Accident	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number of City or Town, State)								
(Crieck Only	PHYSICIAN: To the best of my kr XAMINER: On the basis of examina								
295. SIGNATURE AND TITLE OF CE	Clerk	ADINATH		29c. LICENSE N	13634	29d. DATE S	HIGNEO (Month, Day, Year)		
30. NAME AND ADDRESS OF PERS	Nedical C	PEATH (ITEM 27) (TYPE	-	conar	dtown	ND 2	0656		
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE Hand			,				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burst	pe f	

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91 29103 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR BeTT 10 4-15 18:20 20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 188-12-5014 1 M 2 () 0 HOURS Maryland 9a. FACILITY NAME (If not institution, give 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR WAST WASh RESIDENCE OF DEC EDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Not ers town 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Nonte! 32 21740 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 ☐ Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Keypunch Operator Army Depot 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne)
COTA I. Miller Harry W. Boswell notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Aural Aoute Number, City or Town. State, Zip Code)
Rt. 5 Box 241 Hagerstown, MD 21742 Marybelle Foster pe 20a. METHOD OF DISPOSITION
1X Buriat 2 Cremetion 3
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Yown, State
Ringgold, MD **Hust** DATE 3 🗆 R Ringgold Cemetery 10-24-9 examiner SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home enno 3 Box 78 Smithsburg, MD 21783 medical 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Fine)** the **Onsat and Death** diseese or condition resulting in death) shows any injury, or other traumatic event, DUE TO (OR A CONSEQUENCE OF CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuee given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 | YES 2 | NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Realdence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28 Is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or in on, death occured at the time, data and place, and due to the cause(a) and manner as sta 296. SIGNATURE AND TITLE OF CERTIFIER

100 P. POC. LICENSE NUMBER

Hzm

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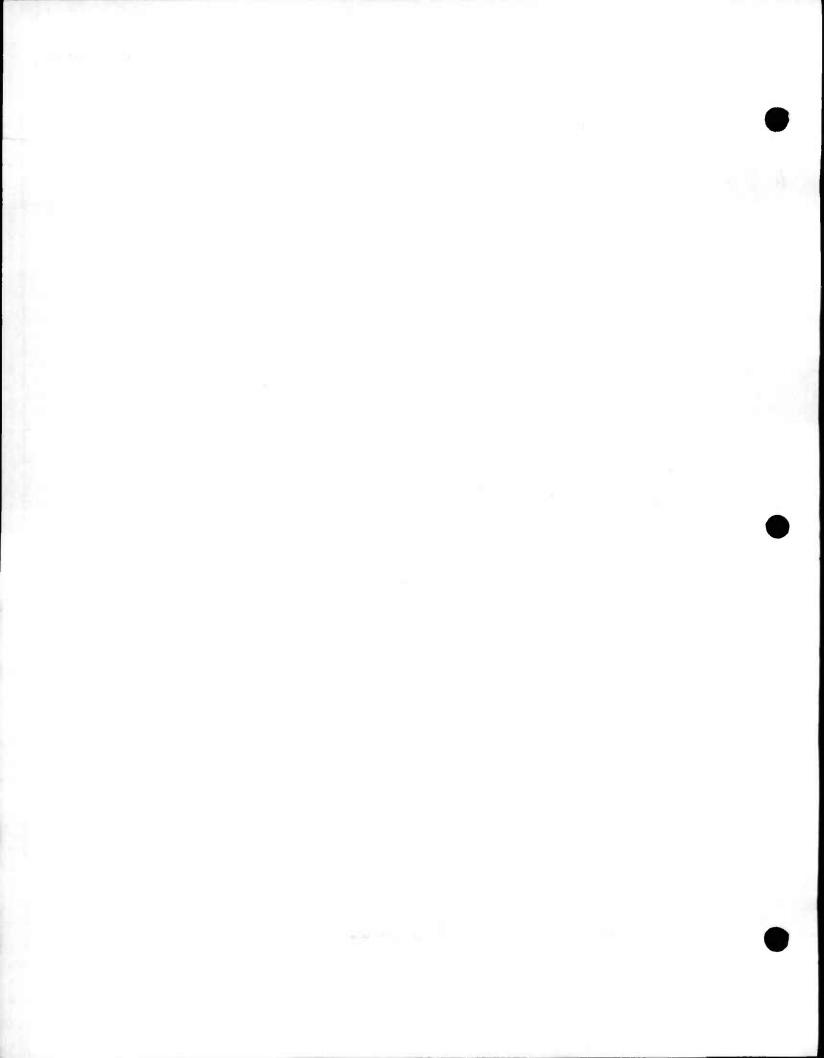
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRABIS SIGNATURE.

22'91

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29d. DATE SIGNED (Month, Day, Year)



FOR

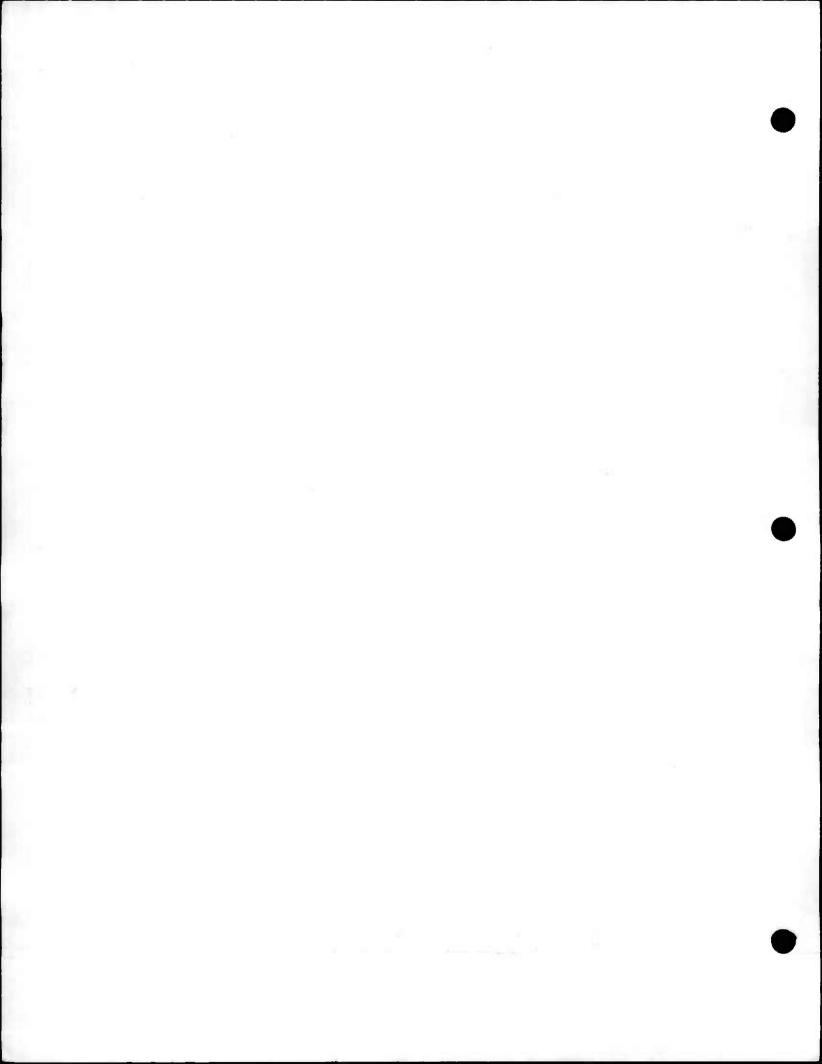
				IVAL		DEAT			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lost) Marie Butts 2. DATE OF DEATH OOTH 1 8 DAY 1 0 0 YEAR								VEAD	3. TIME OF DEATH		
								oct. 18, 1991			9T	9:02 A
	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	04./		PLACE (State or Foreign
	214-09-9974 1□ M 2 反 F				3301				15, 15, 1	914	Mai	ryland
9e. FACILITY NAME (If not institution, give street and number) 105 E. Antietam Street 9e. county of death Hagerstown 9c. county of death Washington												
RESIDENCE OF DECEDENT												
105 E. Antietam RESIDENCE OF DECEDENT 104. STATE 106. COI Maryland Wa	shington			gers						10d. INSIDE CITY LEMITS? 1 1 YES 2 NO		
10e. STREET AND NUMBER	10f. ZIP CODE 10g. CITIZEN OF WHA									VHAT COUNTRY?		
105 E. Antietam			21740						USA			
106. STREET AND NUMBER 105 E. Antietam 11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1	NT EVER IN U.S. AR I YES 2 XN MAR OR DATES	MED IO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify it yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					GIN7 (Specify Yea o Rican, etc.)	as or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				CCUPATIO	ON		1	6b. KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0-12)	+) (Gi	Do NOT u	work done se retired.)	during mo	st of working	ng						
10 years shoe liner Shoe Manufacturir							.ng					
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)											
	Samuel McKee Sylvia L. Baker											
19a, INFORMANT'S NAME (Type/Print)						nd Number			mber, City or Town			04707
_Jo Paulette Sta	ıLey		338	Harr			Ta	ney	town, N			21787
1 XBurial 2 Cremation 3 - F	20a. METHOD OF DISPOSITION 1 X Burdel 2 Commetting 3 Semantic State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
4 Donation 5 Other (Specify) Removal from State Rose Hill Cemetery 10/22 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
II. SIGNATURE OF PORERAL SERVICE	CICENSEE	- 1					Minr		305	N. I	Potom	ac Street
Lerver 1	1.00W	meh				al Ho		1.1.01				Maryland
23. PART I. Enter the diseases, ahock, or heart fallu	or complications tha	t caused the de	ath. Do r	not enter	the mo	de of dyi	ng, such	as ca	rdisc or reapir	atory an	rest,	Approximate
IMMEDIATE CAUSE (Final	ie. Liet only one cat											Interval Between
disease or condition reaulting in death)	disease or condition							immedia				
DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions,												
if sny, leading to immediate	if any, leading to immediate											
CAUSE (Disesse or injury												
that initisted eventa reaulting in death) LAST	302.10	(OII AS A CONSEC	DENCE OF	r).								
	d											
PART ii. Other significant condi		desth but not re	sulting	in the un	derlying	csuse g	iven in F	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
	afthma								PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Superpen	ye.								3,		1 YES 2 NO
	1 - 1											36.11
25. WAS CASE REFERRED TO MEDICAL EVAMANCED 26. PLACE OF DEATH (Check only one)												
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	रे: sing Hom	5 % Ra	sidence 6	Oti	ner (Specify)			
1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 28a. DATE OF	INJURY	28b. TIM	4 - Nun	ang Home	URY AT		-	ner (Specify) ESCRIBE HOW IN	JURY OC	CURED	
1 TES 2 NO	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D	INJURY	28b. TIM	4 🗆 Num	28c. INJI WO	URY AT		-		JURY OC	CURED	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE Of building.	INJURY	28b. TIM INJ	4 - Num E OF: URY M	28c. INJI WO 1 Y	URY AT RK? 'ES 2	NO	28d. D	ESCRIBE HOW IN			oute Number,
1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigative 3 Suicide 6 Could not 4 Homicide determined	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE Of building.	INJURY lay, Year)	28b. TIM INJ	4 - Num E OF: URY M	28c. INJI WO 1 Y	URY AT RK? 'ES 2	NO	28d. D	EŞCRIBE HOW IN			oute Number,
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PR	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 26a. PLACE Of building.	thJURY lay, Year) F INJURY — At horatc, (Specify) my knowledge, des	28b. Time INJ	4 Nurse E OF URY M Street, factored at the 19	28c. INJI WO 1 Y ory, office	URY AT RK? 'ES 2 and place,	NO and due to	28t. LC	CATION (Street ar y or Town, State)	nd Number	or Rural R	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PR	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE Of building.	thJURY lay, Year) F INJURY — At horatc, (Specify) my knowledge, des	28b. Time INJ	4 Nurse E OF URY M Street, factored at the 19	28c. INJI WO 1 Y ory, office	URY AT RK? 'ES 2 and place,	NO and due to	28t. LC	CATION (Street ar y or Town, State)	nd Number	or Rural R	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PR	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D 26a. PLACE O building. YSICIAN: To the best of a	thJURY lay, Year) F INJURY — At horatc, (Specify) my knowledge, des	28b. Time INJ	4 Nurse E OF URY M Street, factored at the 19	28c. INJI WO 1 Y ory, office	URY AT RK? ES 2 and place,	NO and due to	28t. LC	CATION (Street ar y or Town, State)	nd Number	or Rural R	
1 YES 2 NO 27. MANNER OF DEATH Natural	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O building, YSICIAN: To the best of sineer: On the best of a:	thjury ley, Year) IF Injury — At hone atc. (Specify) my knowledge, dea xamination and/or in	28b. TIM INJ ne, ferm, s	4 Num E OF URY M street, factored at the ti	28c. INJI WO 1 Y ory, office	URY AT RK? ES 2 and place, path occurs	and due to	28d. D. 28t. LC Cit	CATION (Street ar y or Town, State) suse(a) and menr ta and placa, and	nd Number	or Rural R	and manner as stated. (Month, Day, Year)
1 YES 2 NO 27. MANNER OF DEATH Natural	HOSPITAL: 1 Inpetient 2 28a, DATE OF (Month, D) 28a, PLACE Of building, 28a, PLACE Of building, YSICIAN: To the best of sinker: On the best of sinker: WHO COMPLETED CAUSE WHO COMPLETED CAUSE	thjury ley, Year) IF Injury — At hone atc. (Specify) my knowledge, dea xamination and/or in	28b. TIM INJ ne, ferm, s	4 Num E OF URY M street, factor d at the ti d, in my o	elng Home 28c. INJI WO 1 Y Ory, office me, deta pinion, de	URY AT RK? ES 2 and place, path occurr 29c. LICE	and due to	28d. D. 28t. LC Cit	CATION (Street ar y or Town, State) suse(a) and menr ta and placa, and	nd Number	or Rural R	and manner as stated. (Month, Day, Year)
1 YES 2 NO 27. MANNER OF DEATH Natural	HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE Of building. YSICIAN: To the best of air FIER WHO COMPLETED CAUS M. M.	thJURY lay, Year) IF INJURY — At hone atc. (Specify) my knowledge, deseatement on and/or in SE OF DEATH (ITEM	28b. TIM INJ ne, ferm, s	4 Num E OF URY M street, factor d at the ti d, in my o	elng Home 28c. INJI WO 1 Y Ory, office me, deta pinion, de	URY AT RK? ES 2 and place, path occurs	and due to	28d. D. 28t. LC Cit	CATION (Street ar y or Town, State)	nd Number	or Rural R	and manner as stated. (Month, Day, Year)

1	-	FOR STATE REGISTR	AF
1	. D	ECEDENT'S	N

	1 - STATE REGISTRAR	SINIE OF MINNIE		CATE OF		MENIAL HIGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY	YEAR	TIME OF DEATH
	Tena R. Baker 4. social security number 213-40-2696	8. SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	October 7. DATE OF BIRTH (Month, Day, Year) Oct. 21, 1		8. BIRTHPL Country)	11:07 A. MACE (State or Foreign
0 8	9a. FACILITY NAME (If not institution, give sing Coffman Nursing RESIDENCE OF DECEDENT	5140E1V00E2.		96. CITY, TOWN C Hagerst	R LOCATION OF DE		9c. COL	Shingt	TH
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION				Id. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1128 Hamilton Bly				21740		10g. CITIZEN OF WHAT COUNTRY? USA		
≱	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2				HIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	tes or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEDENT'S U (Give kind of we life. Do NOT use homema	ork done during mo retired.)	ON st of working	home	SINESS/IN	DUSTRY		
COM	17. FATHER'S NAME (First, Middle, Last) Samuel Eic	helberger		18. MOTHER'S NAME (First, Middle, Melden Surname) Heneritta Manious					
TO BE	190. INFORMANT'S NAME (Type/Print) Elmer E. Baker, J				nd Number of Rural	Route Number, City or Tow York, New)21
	20a. METHOD OF DISPOSITION 1 N Burlai 2 Gremation 3 Gremoval from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of State of Disposition (Name of Semelar). Operation of Control								, Stata
	21 NGNATURE OF FUNERAL SERVICE LIC	PINSEE		1	D ADDRESS OF FA	nich 305	N. I	Potoma	c Street aryland
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
DICAL	PART II. Other algorificant condition	ne contributing to sporth i	but not resulting in	n the undartyln	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	- 60	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 A NO	HOSPITAL:			ACE OF DEATH (CH	seck only one) 8 Other (Specify)			
BY PHYS	27. MANNER OF DEATH 1 Avetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
	3 Sulcide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, si	ireet, factory, offic	4	281. LOCATION (Street City or Town, State	and Numb	er or Rural Rou	te Number,
COMPLETED	onel	ICIAN: To the best of my know							nd manner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	CHAN, MP			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (A	fonth, pay, Year)
	30. NAME AND ADDRESS OF PERSON WHE THE TR	B NO.	Hagen	Staur	nmn	21740		//	117
	31. DATE FILED (Month, Duy, Year) OCT 18'91	32. REGISTRAR'S SIG	Son-Mandell			,			

(P)	产
BALTIMORE, MARYLAND 21203-3146	ir death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, al. Examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within continuous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be nettilled at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Month, Day, Vear) (Stee Country) 90. FACILITY NAME (If not institution, give street and number) 92. COUNTY OF DEATH 8:00	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. *ast birthday) 1 N 2 F 93 YRS. 6. AGE (In yrs. *ast birthday) 1 YRS. 6. AGE (In yrs. *ast birthday) 1 YRS. 8. AGE (In yrs. *ast birthday) 1 YRS. 93 YRS. 1 YRS. 1 YRS. 1 YEAR IF UNDER 14 HRS. 7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year) May 8, 1898 Greece	0 P M
579-24-3498 1X M 2 Greece 93 YRS. May 8, 1898 Greece	
122) 0 100	
Bon Secure Extended Care Facility Ellicott City Howard	
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID	
Charty Failt 1 10ward COrtuinDia	2 NO
10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY	ITRY?
5448 Hound Hill Court 21045 USA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — America Black, Whita, etc.	en Indien, c.
TE VEC COVE IND OR STEED .	ite
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working	
Elementery/Secondary (0-12) College (1-4 or 5 +) Ifte. Do NOT use retired.)	
8 Cab Driver Self	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Ceerge Chipouras Fleni Deros	
196. INFORMANT'S NAME (Nype/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)	
Elaine C. Patico 5448 Hound Hill Ct., Columbia, MD. 21045	
20c. METHOD OF DISPOSITION 20c. DOCATION — City or Town, State 20c. LOCATION — City or Town, State	MD
21. SIGNATUR OF THE ALL SERVICE UPTOBES	MU.
Hines/Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave, Silver Spri	ing MD
	proximate
ahock, of heart failure. List only one cause on each line.	rval Batwean
IMMEDIATE CAUSE (Final disease or condition	et and Death
disease or condition and disease or condition	weeks
DUE TO (OR AS A CONSEQUENCE OF):	MEC1/2
	4.
Sequentielly list conditions, The Carcinoma of Unknown Primary 12	weeks
Carcinoma of Unknown Primary 12	4.
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	4.
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr. Injury.	4.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Carcing no of Un Kagwa Primary DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	4.
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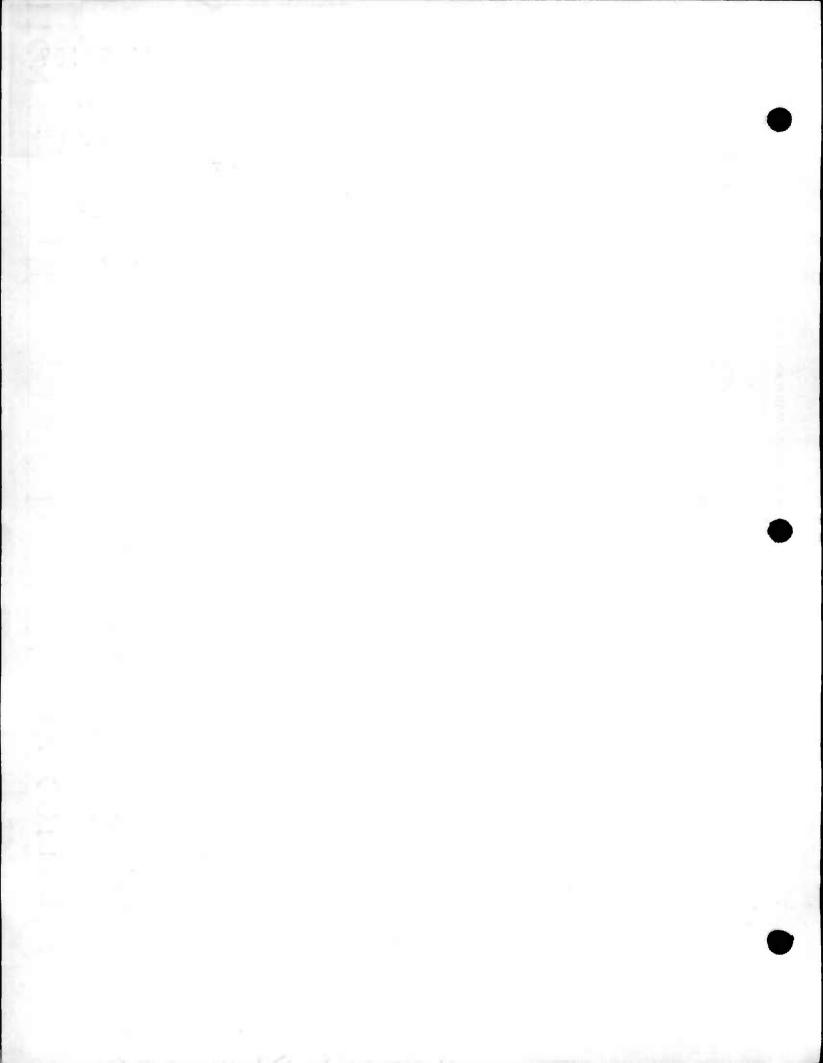
DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1. OECEOENT'S NAME (First, Middle, Last) Helen C. Chen								2. DATE OF GEATH DAY 0930			3. TIME OF DEATH 10:48
	4. SOCIAL SECURITY NUMBER 081-24-4888	5. SEX 1	6. AGE (In yrs. las	1 YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1		29	6. BIRTH Countr Hone	IPLACE (State or Foreign) G Kong
9s. FACILITY NAME (N not institution, give street and number) 9s. COUNTY OF DEATH 9s.												
	10e. STATE 10b. COUNTY Maryland Montgomery				town or						10d, INSIDE CITY LIMITS? TAX YES 2 . N	
CINCIPLE	100. STREET AND NUMBER 15115 Interlachen Dr Apt 202					10f.	20906	10g. CIT			U.S. A	
5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. AF FORCES? 1 YES 25 IF YES, GIVE WAR OR DATES				H	yes, spe		ANIC ORIGIN? (Specify Yes or No— can, Puerio Rican, etc.)			14. RACE — American Indian, Black, White, atc. Specify: Asian	
	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 1-12		+) (G	CEDENT'S Live kind of wo Do NOT use	ork done d retired.)			16b. KIND OF BUSINESS/INDUSTR				
DE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Wing-Tai Char		maker own home 16. MOTHER'S NAME (First, Middle, Maiden Surname) Duck-Yee Chan									
2	196. INFORMANT'S NAME (Type/Print) Alex Chen	19				nd Number or Rural rd Manor		ace,	Sil.	Spr	. Md. 209	
	20a. METHOD OF DISPOSITION 1			ANO OATE	or other pl	ema1	tory 10			ntwo		
- 0	21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY HInes/Rinaldi Funeral Home 11800 N.H. Ave., Sil. Spr. Mo											
	23. PART i. Enter the diseases, or ehock, or heart fellure.	complications the	use on each iin:	n.	ot antar	tha mo	da of dylng, suc	h as cardi	ec or resp	iretory e	rreat,	Approxime Interval Be Onsat and
TIFICATION	rehock, or heart feliure. iMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO	use on each iin:	OUENCE OF	CAN	tha mo	O N.H. Ada of dying, such	h as cardi	ec or resp	iretory e	rreat,	Approxime Interval Be Onsat and
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PHYSICIAN: MEDICAL C	sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions.	a. OUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF	OTHER 4 Num	26. PI	g ceuse given in LACE OF DEATH (C) THE S Residence HURTY AT TYPES 2 NO	Part I.	24s. WAS AN PERFO	N AUTOPSY RMED?	24I	Approxime interval Be Onsat and Onsat and S.S. S.
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF	OTHER 4 Num	26. PI	g ceuse given in LACE OF DEATH (C) THE S Residence HURTY AT TYPES 2 NO	Part i. Part i. 28d. DESC	24s. WAS AN PERFO	N AUTOPSY RMED?	24I	Approximet Interval Bet Onsat and Sometimeters of the Constant of the Constant of the Completion of th
D BY PHYSICIAN: MEDICAL C	/ Sequantially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be	a. OUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSE O (OR AS A C	OUENCE OF OUENCE OF OUENCE OF OUENCE OF Teaulting is 3 □ DOA 28b. TIME INJU Ome, farm, a	OTHEF 4 Nun E OF URY M Intrest, fact	26. PI	g ceuse given in LACE OF DEATH (C) TO S Realdence SURY AT SPRY YES 2 NO	Part i. Part i. 28d. DESC. 28f. LOCA. City o	24e. WAS AN PERFO! 1 YES: (Specify) CRIBE HOW	N AUTOPSY RMED? NO INJURY OF	CCURED care or Rural	Approximet Interval Bet Onsat and On

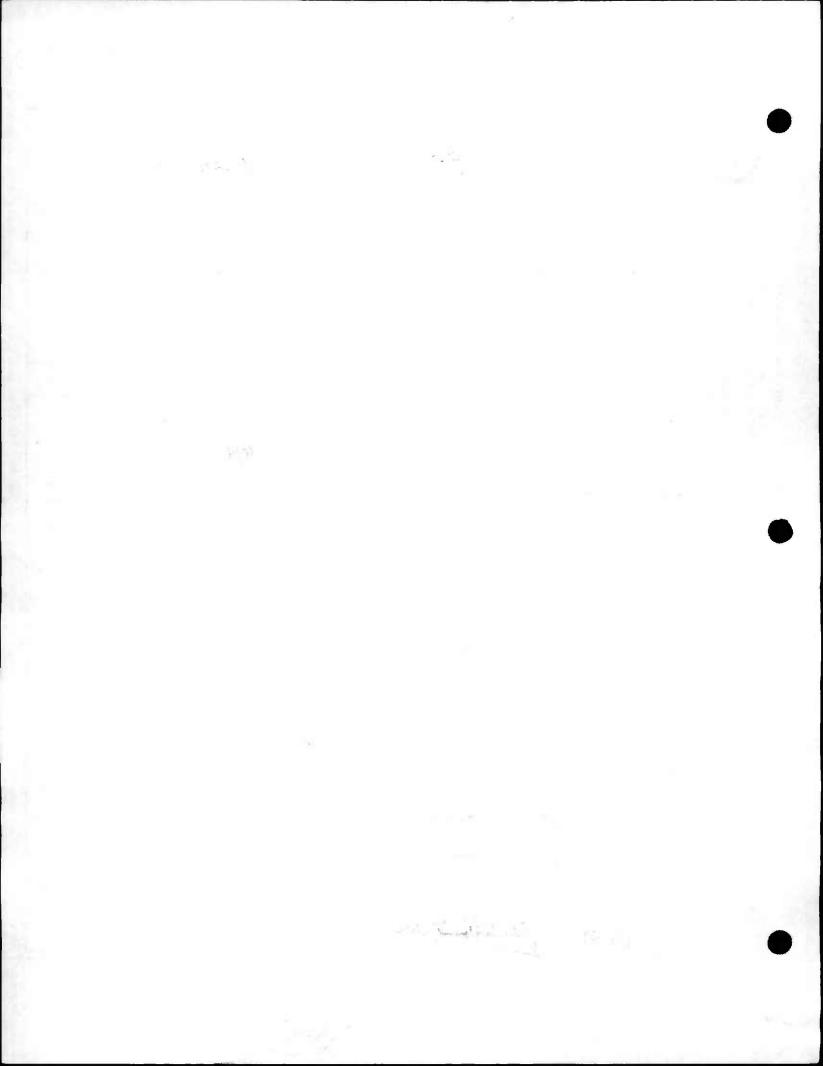
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



OHMH-18 Rev 1/89

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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, La.	80	CERT	TIFICATE	OF	DEATH	2. DATE	REG. NO.		[3, т	IME OF DEATH	
	JACOB	COLE					MONT	10 8 91 12:20 A				
	4. SOCIAL SECURITY NUMBER 088-05-4248	1 M 2 🗆 F	(In yrs. lest birti	RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	RUSS1				
стоя	9e. FACILITY NAME (If not institution, gh 1801 E. JEFFERS		22		VILI	R LOCATION OF D	DEATH		9c. COUNTY OF DEATH MONTGOMERY			
DIRECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COU		c. CITY, TOWN							INSIDE CITY		
	MARYLAND MON 100. STREET AND NUMBER		ROCKV		ZIP CODE		10g. CITIZEN C			YES 2 NO		
FUNERAL	1801 E. JEFFERS				20852			UNITI				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	IN U.S. ARMED 2 NO DATES		f yes, spe	elfy Cuban, Mexic	en, Puerlo	Specify:			white, atc.		
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	(Give ki	NT'S USUAL Ond of work done HOT use retired.)	during mod	N st of working		JUSINESS/INDUSTRY					
E COMPL	17. FATHER'S NAME (First, Middle, Last) UNKNOWN	CY CY	EK			AME (First,	PRINTING Hiddle, Malden Surname) WN					
TO B	190. INFORMANT'S NAME (Type/Print) DR. GERALD COLE	(SON)				M RD.,						
	20a. METHOD OF DISPOSITION 1 Suriat 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, cremetory or other place) MT_LEBANON_CEMETERY 20c. LOCATION — City or Town of cemelary, cremetory or other place) ADELPHT_MARY											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852											
Profile Dalmane event, the medical RTIFICATION	shock, pr heart failu IMMEDIATE CAUSE (Finel disease pr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	a. MYO CAR. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	DIAL A CONSEQUEN CVCRA A CONSEQUEN	CE OF):	FAR PAR	DIO VIA	(cvi	AR d), sen	Se:	Interval Betwee Onset and Dea ACUTE	
S	PART II. Other eignificent condi	dtipne contributing to deeth	but not recu	ting in the w	deriving	ceuse given i	n Pert I	24a. WAS AN	MITOPSY	24b WEI	RE AUTOPSY FINDING	
V: MEDICAL								PERFORMED? 1 YES 2 NO OF DEATH			ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 □ NO	HOSPITAL:	stantiant 2 🗆 [OTHE	R:	ACE OF DEATH (-					
BY PHYS	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending 2 🗍 Accident investigation	28e. DATE OF INJURY (Month, Day, Year,	7 28	b. TIME OF INJURY	Nursing Home 5 M Residence 8 □ Oth Sec. INJURY AT WORK? M 1 □ YES 2 □ NO			DESCRIBE HOW INJURY OCCURED N B CD 14T HOME				
ETED E	3 Suicide 8 Could not 4 Homicide determined	not be 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)						LOCATION (Street and Number or Pural Poute Number, City or Town, State)				
COMPLE	one) .	IYSICIAN: To the best of my kno IINER: On the beste of examinat								zuse(e) end	d manner ee stated.	
BE	290. SIGNAZURE AND TITLE OF CERTUPIER Description Des								oth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON	HYLE VI 8 201	DEATH (ITEM 27	(Type, P	Aze	Da	1100	8× 1	1/2 >	0814	3/22	
	31. DATE FILED (Month, Day, Year)	100 110 110		CASER	PAJO	make the !	T ETHIN	C24V	Contract of the Contract of th	- 40 7	13/4/2	



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ds u)ept	23
100	th the State Dept. of Health and	d. or Item 23 shows any Injury, or other traumatic event.
2	St	1 1
20	4	0
BIIIS	暴	ked
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Y. A.	r de	61
5	afte	28
Y.	ours after	em 28 is marked.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII					MENTAL HYGIE REG. N) (23103	
	1. DECEDENT'S NAME (First, Middle, La CLARA CO	HN						2. DATE OF DEATH MONTH 10	DAY 8	YEAR 91	3. TIME OS DEATH 5 35 A.M	
1	4. SOCIAL SECURITY NUMBER 129-03-7688	1 □ M 2 💢 F	E (In yrs. lest birthday 87 YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 - 20		Count	NEW YORK	
6	9e. FACILITY NAME (If not institution, gi HEBREW HOME OF	GREATER WASH	INGTON		KVII	LLE	ON OF DE	ATH	100	NTGON		
RECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. C	ITY, TOWN	OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
۵	MARYLAND MON' 100, STREET AND NUMBER	TGOMERY	RO	CKVII	_						1 X YES 2 NO	
RA	6105 MONTROSE	RUAD			101	2085					STATES	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 31 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	9	If yes, sp	ENDENT	F HISPAN	IC ORIGIN? (Specify 1, Puerto Ricen, etc.)		14. RAC	E — American Indian, k, White, atc.	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5 +)	16a. DECEDENT (Give kind c iife. Do NOT	f work done use retired.)	during mo	ON list of working	ng	16b. KIND OF E		DUSTRY		
NO.	17. FATHER'S NAME (First, Middle, Last)		HOPILAIA	KEK		18. MOTI	HER'S NAI	ME (First, Middle, Maid				
BE C		NTRAUB				DC	VORA	ACHT	EL			
70	19a. INFORMANT'S NAME (Type/Print) FRANCES BLAS		1150	3 SAU	INDEF	RS HA	VEN		EAT_FA	LLS.	VA.22066	
	20a. METHOD OF DISPOSITION 107 Burial 2 Cremation 3 R 4 Donation 8 Other (Specify)	emoval from State	other place)				natory or		LOCATION -			
	21. SIGNATURE OF PUNETURE SERVICE		CEDAR PA	DA	NAME AN	NO ADORE	-GOLD	BERG MEMO	DRIAL	СНАІ	PELS, INC.	
CERTIFICATION	23. PART I. Enter the diseases, abock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	a. PNEU OUE TO (OR AS C.	MONIA A CONSEQUENCE	OF): YM(LEu			Interval Between Onaet and Death	
PHYSICIAN: MEDICAL (PART II. Other algorificent conditions PEMEN 7 1 1		but not resulting	g in the u	nderlyln	g ceuse	given in	PERF	AN AUTOPSY ORMED? 2 NO	241	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHE		LACE OF D	EATH (Che	ock only one)				
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/O			rsing Hom	URY AT	esidence	8 Other (Specify) 28d. OESCRIBE HON	W IN HIRDY CO	CUBEO		
BY PI	1 Natural 5 Pending	(Month, Day, Year		NJURY	WC	YES 2	NO	280. OCÇUNBE NO	W INSONY OC	COREO		
	2 Accident Investigation 3 Suicide 8 Could not determined	28a. PLACE OF INJU- building, atc. (S)	RY — Al home, farm pecify)	n, atreat, fac	ctory, offic	20		281. LOCATION (Stree City or Town, Ste	et and Numbe ite)	er of Rural	Route Number,	
COMPLETED	1000000000	IYSICIAN: To the best of my known in the best of axaminat									a) and manner as stated,	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFICATION VI	mymo	PHYS		N	29c. Lici	ENSE NUM	19ER 79	29d. DA	TE SIGNE	(Month, Day, Year)	
F	7.	uy. HEBN	LEW ItE	po, Print) ME	R	POCK	VL	LLE, A	10		,	
	31. DATE FILED (Month, Day, Year) OCT 10 '91	182, REGISTRAR'S SK	GNATURE									

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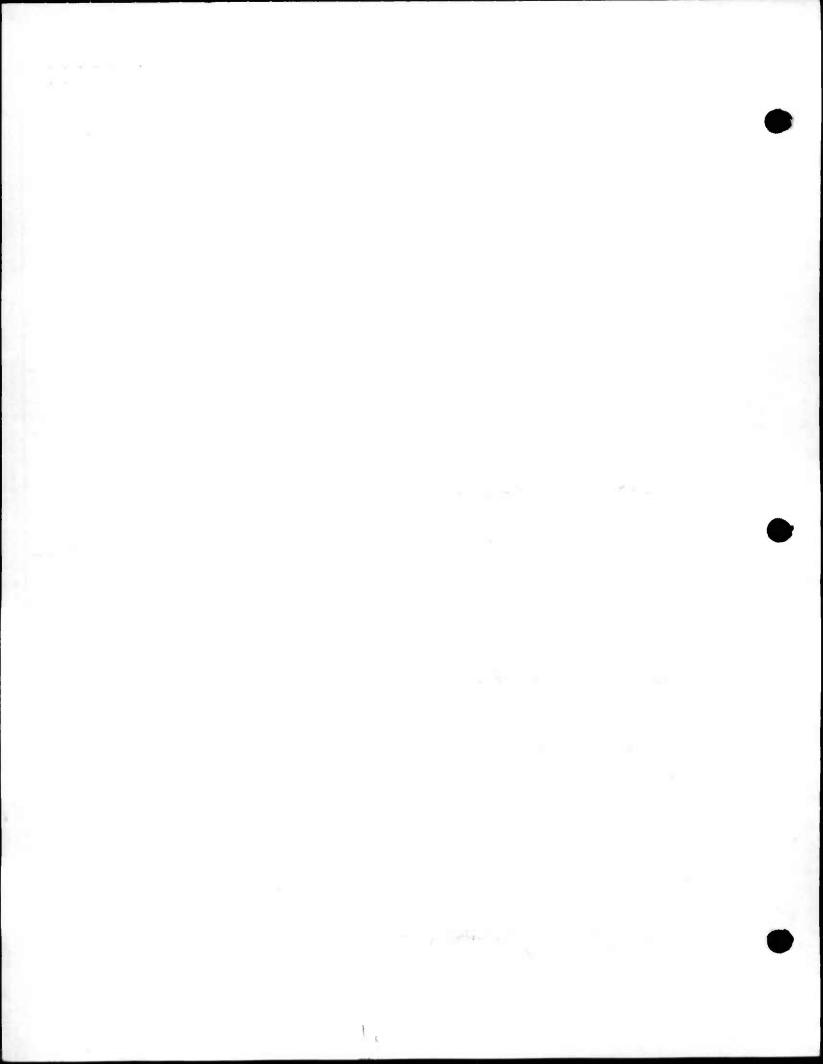
TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

	1 - STATE OF MARYLAND C		OF HEALTH AND N	MENTAL HYGIENE REG. NO.	9	1 29110
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	. INV	3. TIME OF OEATH
	EDITH S. CAPON			MONTH DAY		
.)	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. in			7. DATE OF BIRTH	a, BIF	THPLACE (State or Foreign
1	579-12-7259 1 M 2 K F 82	YRS. MONTHS	TOWN OR LOCATION OF DE	Mar. 18,19		
E .	BROOKE GROVE MURSING HE	me wan,	Olney	AIN	Mary	
DIRECTOR	RESIDENCE OF DECEDENT		Office		maryı	Land
<u></u>	10a. STATE 10b. COUNTY	10c. CITY, TOWN O	R LOCATION			10d, INSIDE CITY LIMITS?
풉	Maryland Montgomery	Sandy	Spring			1 YES 2 NO
4	10e. STREET AND NUMBER		10f, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
EB	17340 Quaker Lane		20860		USA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	RMEO 13. V	WAS DECENDENT OF HISPAN		or No- 14. R/	ACE — American Indian, lack, White, etc.
	1 Never Married 2 Married FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		yes, specify Cuben, Mexicar YES 2 The NO Specify.			pecify:
BY	3 Widowed 4 Olvorced		A			White
COMPLETED	(Specify only highest grade completed)	ECEDENT'S USUAL OC Give kind of work done of	CCUPATION luring most of working	16b. KINO OF BUS	INESS/INOUSTRY	r
١٣	Elementary/Secondary (0-12) College (1-4 or 5 +)	e. Do NOT use retired.)		Univer	ed tu	
M		brarian				
	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAI	ME (First, Middle, Maiden S	Surname)	
H	Walter Irving Swanton			erise Ross		
၉	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Street and Number or Rural R			
	Ross B. Capon	12803 Dear	n Road, Silv	er Spring,	MD. 20	1906
	1 ☐ Burial 2 ☑ Cremation 3 ☐ Ramoval from State other p	olace)	me of cemetery, crematory or		CATION — City or	
	4 Denation \$ Other (Specify) For		Crematory	Br	entwood	l. Maryland
	21. SIGNATURE OF TOWARD SERVICE LICENSEE		ines/Rinaldi		ome. Tr	00
-	Moust Frant					r Spring MD
	23. PART i. Enter the diseases, or complications that caused the dahock, or heart fellure. List only one cause on sech lin	leath. Do not enter				Approximate
	IMMEDIATE CAUSE (Final		0			interval Between Onset and Death
	disease or condition a. Alexandra	torer -	Lailur	_		day
	QUE TO OH AS A CONS	EQUENCE OF:				
N	Sequentially list conditions, b. DUE TO COR AS A COMME	- 6	/			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	EQUENCE OF):				
5	CAUSE (Disease or injury C. C. COUSTO (OR AD A DOUG	FOLIENCE OF:				
Ē	that initiated events resulting in deeth) LAST					İ
8	d					
CAL	PART il Other significant conditions contributing to death but not	sulting in the un	derlying cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Congestive Heart	Talluke	2	1 YES Z		COMPLETION OF CAUSE OF DEATH?
				_ !		1 YES 2 NO
ż						
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26, PLACE OF DEATH (Chi	ack only one)		
Sic	t YES 22 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA OTHER	t: sing Home 5 🗆 Residence	6 ☐ Other (Specify)		
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW II	NJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	М	1 YES 2 NO			
	3 Suicide a Could not be 28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, street, fact	ory, office	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
ETE	4 Homicide determined					
COMPLETED	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, or continuous conti	death occurred at the t	ime, date and place, and due	to the cause(a) and man	ner as stated.	
O	2 MEDICAL EXAMINER: On the basis of examination and/o	r investigation, in my o	pinion, death occured at the	time, data and place, an	d due to the cau	se(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0	29c, LICENSE NUI	WBER	29d. DATE SIGI	NED (Month, Day, Year)
D BE	Aller of Dooligh, M	·A	MD 31	6/2	· 10,	113/91
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT			0	,	
		010/ney-	-Jandy Spru	ing Rd. OI	nev. R	UD.
	1 OATE FILEO (Month, Day, Year)	ndatt2		/	//	
	MILL P AI CLEANING COMPANY					

FOR STATE

_	REGISTRAR			CERTIF	ICATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle	200	-1-					MC	ATE OF DEATH	y .	YEAR	3. TIME OF DEATH	-
1	Joseph 4. SOCIAL SECURITY NUMBER		glas			stel		_	tober 14		_	2:15 A.M.	M
	220-84-2836	5. SEX 1XXM 2 ☐ F	6. AGE (In y	rs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 H		onth, Day Year)	965		LACE (State or Foreign	
	9s. FACILITY NAME (If not institution				9b. CITY,	TOWN C	R LOCATION C	F DEATH		9c. COUNT	Y OF DEA	ATH	_
DIRECTOR	Montgomery		Hospi	tal	0	lne	У			Mont	gome	ery	
		COUNTY		10c, CIT	Y, TOWN O	R LOCAT	ION				1	lod. INSIDE CITY	-
	Maryland Mo	ontgomery		Lay	tons	vill	Le				Ι,	LIMITS?	
	10e. STREET AND NUMBER					10t.	ZIP CODE			10g. CITIZE		AT COUNTRY?	_
	24613 Etchiso	on Drive					20879			U	I.S.F	A .	
	11. MARITAL STATUS 1.XXNever Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	K X NO	111	yes, spe	ENDENT OF HI pelfy Cuben, Me ZXXNO S	xican, Puer	GIN? (Specity Yes to Ricen, etc.)	or No- 1	RACE - Black, Specify:	American Indian, White, stc.	
1	15. DECEDENT	'S EDUCATION	16	. DECEDENT'S	USUAL OC	CUPATIO	IN .		16b. KIND OF BUS	INESS/INDU	TOV		
1	(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 5		(Give kind of life. Do NOT us	work done di se retired.)	uring mos	st of working		TOOL KIND OF BOS	INESS/INDO	o i mir		
	12			Domest	ic				House	clean	ing		
1	17. FATHER'S NAME (First, Middle, L	est)					16. MOTHER'S	NAME (Fire	st, Middle, Meiden S	Surname)			-
	Walter	Lee		Cost	ello		Sh	irle	У		V	Viley	
1	19s. INFORMANT'S NAME (Type/Prin	nt)		19b. MAILING	ADDRESS	(Street e	nd Number or R	ural Route N	umber, City or Town	, State, Zip C	ode)		_
	Peggy L. Bell			14100	Tra	vila	h Road	l, Ro	ckville,	Mary	land	20850	
	20s. METHOD OF DISPOSITION 1XX purisi 2 Cremetion 3 [4 Donetton 5 Other (Specific	y)	cemeter Gall	ACE AND DATE OF A CE OF F	of Disposition of Dis	n Ce	me of emetery	10/	ATE 20c. LOC 16/91 Si	ation – cit	y or Town Spri	ng, MD	1
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE											7
4	- truge	0 C. Da	al.	M00522	R	ock v	rille, le, Roc	Inc.	300 We	st Mc	ntge	mery 50-2805	
	23. PART I. Enter the disesse	a, or complications the	t caused the	a death. Do r	not anter t	ha moo	da of dylng,	auch aa c	ardiac or resolu	atory arres	1	Approximate	_
	shock, or heart to IMMEDIATE CAUSE (Final	illura. List only one cau	aa on aach	lina.			, , , , ,		-relation of reaph	atory arrea	.,	Interval Batween	
	disease or condition	A	11)	9								Oneat and Death	1
j	resulting in death)	S. DUE TO	(OR AS A CO	NSEQUENCE OF	F):							a yra	_
ı													
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE OF	ງ :								_
I	cause. Entar UNDERLYING CAUSE (Disease or injury	c											
ı	that initiated eventa	DUE TO	(OR AS A CO	NSEQUENCE OF	ን:								
Ì	resulting in death) LAST	d											
	PART II. Other significant con	ditions contributing to	desth but n	not resulting i	n the und	advino	Cause alver	In Best I	24a, WAS AN A	Limanav	I		
	PHEUMON	icris P		nopio		ay.ng	annan disel	m Fatt I.	PERFORM		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
	1	11-11	UK U P	10/2/0	-				1 🗆 YES 2	NO	6	DMPLETION OF CAUSE F DEATH?	
		,							1	1	1	YES 2 NO	
	25. WAS CASE REFERRED TO MEDI	CAL				20.00	ACE OF BEILE	601					
	EXAMINER?	HOSPITAL:	EB/Output	- 2 D - 2 D	OTHER:		ACE OF DEATH						_
	27. MANNER OF DEATH	26s. DATE OF		26b. TIM		8c. INJU	5 Residen	_	ther (Specify) DESCRIBE HOW IN	HIEN COO	250		_
	1 Netural 5 Pending	(Month, Di			URY	WOF		200. L	EQUARDE HUW IN	JUNT OCCU	TED		
	Accident trivestig	26s. PLACE O	F INJURY A	VI homs, term, a	treat, fector		Z HU	200 1	OCATION (Comes	od Alizanta	Quest C	M. M	1
	4 Homicide 6 Could r	building.	etc. (Specify)		,	,, -,,,,,,		C	DCATION (Street an ity or Town, State)	rvumDer ör	nurei Piou	re reumber,	
	290. CERTIFIER 1XXCERTIFYING	PHYSICIAN: To the heat of	my knowled-	dooth a	ed es es								4
	(Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of SAMHER: On the basis of Sa	emination en	dor investigation	o in even	nion de	and place, and	dus to the	ceuse(s) end manr	ner es atated,			
	25th BIONATURE AND AFFEL OF CH			·	, н. тлу орг				me ena piece, end		-		J
		els.	1	>			29c. LICENSE	NUMBER	,	294. DATE S	GNED N	over, play, wary	1
ŀ	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CALIF	E OF PEAN	UTEM on C	Orders		DIO	6/7		- 10	119	191	
	Stephen M. H	Hellman. M	D			ros	SA PA	Po	ckville	o Mr	2	0.952	1
	31. DATE FILED (Month, Day, Year)				HOII	-10	se nu	. NO	CV A T T T (=, ML	- 4	0852	
1	OCT 15 '91	greha D	Will	Mandall									
JL	00117 71	4			-								- 1

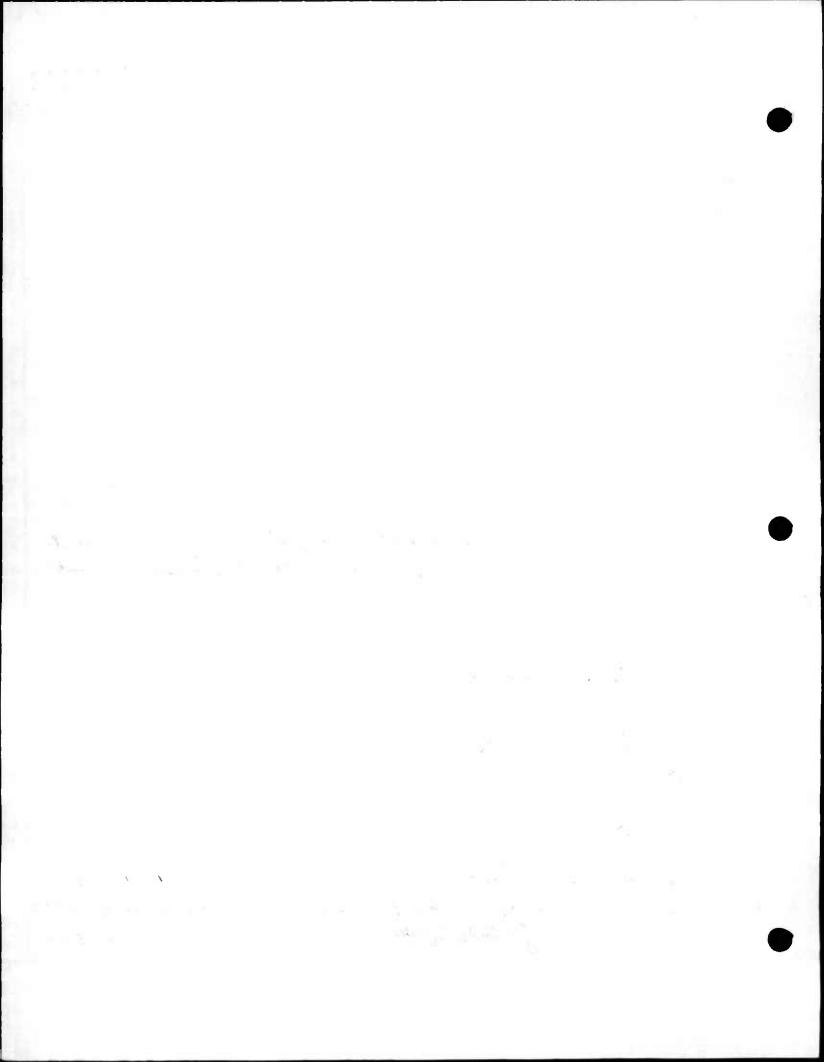


DHMH-16 Rev 1/89

. . . .

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	1 - STATE REGISTRAR		STATE OF N		D / DEPAI CERTIF					IENTAL	HYGIEN REG. NO			6211
	1. DECEDENT'S NAME (First	y L	DOROTH	RTI	55	URTI		,		2. DATE MONTH	OF DEATH		YEAR 9	1950 P
)	4. SOCIAL SECURITY NUM 578-32-333		5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS. MIN.		, Day, Year)		Country)	LACE (State or Foreign
B	90. FACILITY NAME (# not) SHADY GROV			PITAL					ON OF DEA	TH	<u>Y</u> 30,	9c. COUNT MONT	Y OF DEA	
CTO	RESIDENCE OF DE	CEDENT										TIONIC	3011151	<u> </u>
DIRE	MARYLAND		GOMERY			CKVIL		TION						Od. INSIDE CITY LIMITS?
FUNERAL	213 RITCHII		VAY					20852				10g. CITIZI		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Divi		12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	NO	1 '	yes, sp	ENDENT Cooling	ın, Mexicen,	C ORIGIN	? (Specify Yes	or No.— 1	4. RACE Black, Specify: WHTT	
COMPLETED	15. DEC (Specify on Elementary/Secondary (CEDENT'S EOU by highest grade 0-12)	CATION completed) College (1-4 or 5+	,	Give kind of lite. Do NOT u	work done (se retired.)	uring mo	st of working	ng			SINESS/INDU	STRY	
BE COM	17. FATHER'S NAME (First, A HARRISON (C. JAMI	ES					18. MOT	HER'S NAME	E (First, M EE D	ANTEL:	Sumame)		
10	190. INFORMANT'S NAME (WILLIAM W.		SS		19b. MAILING 213 R	AOORESS ETCHI	(Street e	nd Number	or Rural Ro	OCKV	ILLE,	n, State, Zip C MARYI	LAND	20852
	20e. METHOD OF DISPOSIT 1	on 3 🗆 Rem r (Specify)		cemetery	CE AND DATE c, crematory or o	ran C PAN C 22. I FR	REMA IAME AN ANCI	ATORY O ADDRE	SS OF FACIL	uty LINS	14 AL	RAL HO	RIA, OME I	VIRGINIA
ICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuince)	ions, diete	DUE TO (OR AS A COR	NSEQUENCE OF	F):	dr n) /	yes	7	Die	ne		and
L CERTIFI	that initiated events resulting in death) LAS PART II. Other significa	or L	d		Of resulting		lerly Inc	COLUMN	alven in Be		24s. WAS AN			
IN: MEDICAL	Ax B	l. P	essu								PERFOR	MED?	C	ERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	-		OTHER	:		EATH (Check					
PHYSI	27. MANNER OF DEATH	Pending	28e. DATE OF I		28b. TIM		28c. INJU	JRY AT				JURY OCCU	RED	
TED BY	3 Suicide 6	Investigation Could not be determined	28s. PLACE OF building, e	INJURY - A	t home, term, s	street, facto		ES 2		City or	TION (Street e Town, State)	nd Number or	Rural Rou	te Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDI	IFYING PHYSI	CIAN: To the best of r	ny knowledge	, death occurre	nd at the tir	ne, date d	end place, eath occur	end due to	the caus	e(e) end men	ner ee stated	Cause(s) a	nd manner ee stated,
BE	29b. CHATURE AND TITLE	OF CERTIFIER	Saice	bu				29c. LICE	SE NUMBE	ER 3		29d, OATE S	IGNED (M	onth, pay, Year)
10	JOHN	S,	S AIA	E OF DEATH (1TEM 27) (Type,	Print)	iė	2	M	1//	Rd	Ró	eK.	illem
	OCT 15	91	32 REGISTER	S SIGNATUR	Borde 182								2	0850



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

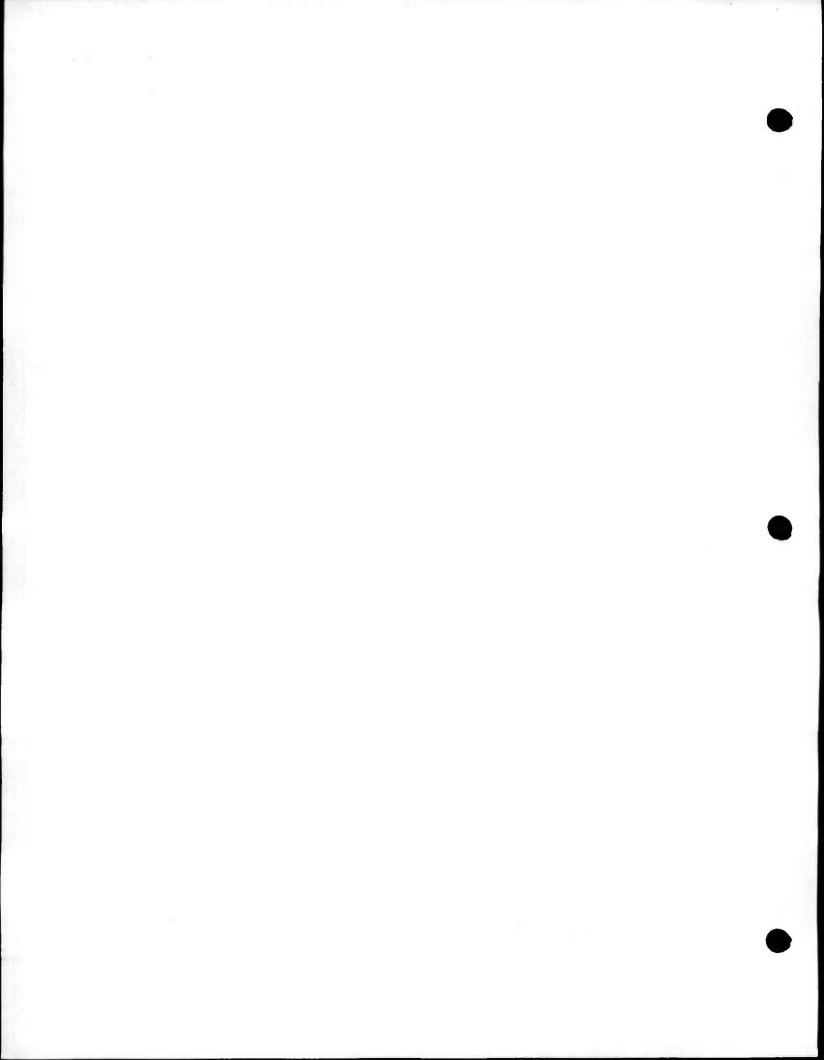
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR				CERTIF	ICATE	OF	DEATH	REG. N	0.		
1. DECEOENT'S NAME (First,								2. DATE OF DEATH		VEAD	3. TIME OF DEATH
Louise Chr								OCTOBER	10, I	199T	2130
4. SOCIAL SECURITY NUMB 055 38 30		5. SEX 1 M 2 F	6. AGE (In yrs. 9 2		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) $11-15-1$	000	8. BIRTI- Countr	.,
90. FACILITY NAME (If not in	stitution, give str	eet end number)			9b. CITY,	TOWN C	OR LOCATION OF DE			OUNTY OF D	N Y DEATH
CALVERT MEI		HOSPITAI					FREDERIC			LVERT	
100. STATE MD	10b. COUNTY	Calver	t	10c. CiTY	Y, TOWN O	R LOCAT	Owin	ngs			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER						101	. ZIP CODE		10g. CI	ITIZEN OF Y	WHAT COUNTRY?
	883	31 Harmo	ony Ct				207	736		USA	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 5	ARMED	11	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 ☐ YES 2 ▼ NO Specify Specify Specify:					
	EDENT'S EDUC	471011						-			White
(Specify only Elementary/Secondery (0-	highest grade o	ATION completed) College (1-4 or 5+		DECEOENT'S (Give kind of w life. Do NOT us	work done d	CUPATIO furing mos	ON st of working	tab. KINO OF B	JSINESS/II	NDUSTRY	
8				house	Wif	е					
17. FATHER'S NAME (First, Mi	ddle, Last)	Philli	p Wen	z				ME (First, Middle, Meide Oline Be			
19a. INFORMANT'S NAME (7)			1					loute Number, City or To	wn, State, 2	Zip Code)	
Walter H		nsmann			_		10 abov				
1 S Burtel 2 Cremetto 4 Donation 5 Other	n 3 💢 Remo	val from State	cemetery, c	EAND DATE OF COMMENTS OF COMME	thar place)		^ -	DATE 20c. L		City or To	own, State
21. SIGNATURE OF FUNERAL	. SERVICE LICE	INSEE	20	H H U U S	22. N	NAME AN	O ADDRESS OF FAC				
· Wille	an	K	Tw-	-				eral Ho			gs,MD
23. PART I. Enter the di- ahock, or ha IMMEDIATE CAUSE (Fin disease or condition resulting in death)	iart lanura. L	_ Coud	coupled the compact line of the compact line o	Rail	ine	tha mod	da of dylng, such	as cardiac or rea	piratory a	rreat,	Approximate Interval Batween Onset and Death
Sequentially list conditi- if any, laading to immed cause. Entar UNDERLY!! CAUSE (Disesse or injui- that initiated eventa reaulting in death) LAST	liata NG ry c.	hio	OR AS A CONS	Til							
PART II. Other algolificat	nt conditions	contributing to	death but not	reaulting is	n the unc	deriying	cause given in F			7 24b.	. WERE AUTOPSY FINDINGS
atrial for a straight of the s		otion i	ouces inf	sture	nea hea	26. PL	failure ACE OF DEATH (Che	1 D YES	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nursi		5 Residence 8	Other (Specify)			
2 Accident	Pending nvestigation Could not be letermined	building, a	INJURY y, Year) C FINJURY — At Pate, (Specify)	28b. TIME INJU	E OF URY M	28c. INJU WOI 1 Y	URY AT RK?	28d. OFSCRIBE HOW ROLL 28d KOCATION (Street City or Town, Steet	and Number	ione	Route Number,
29e. CERTIFIER (Check only	FYING PHYSIC			death occurre	el at the He	me dete	and place, and thus I	o Ihe cause(e) end m		- 0	theat just
											e) end menner ee stated.
	OF CERTIFIER						29c. LICENSE NUM				(Month, Day, Year)
0000	u		1				D 29	597	•	10/1	1/91
30. NAME AND ADDRESS OF			E OF OEATH (IT								
Samuel S. I			10.000.000		INCE	FRE	DERICK,	MD	20678	3	
	31. DATE FILEO (MONTH, Day, 1967) OCT 1 6 1991 Fishe Savidson-Randall										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages it is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE DF N		/ DEPAR						YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) James	Paul Cur	ran		,		Y		2. DATE OF E	16,	1991	YEAR 3	. TIME OF DEATH 12:06p M
\	4. SOCIAL SECURITY NUMBER 212-26-2474	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, De) Sept.	y, Year)	,1901	Country)	ace (State or Foreign ode Island
9	96. FACILITY NAME (If not institution, give summitt Nursi	,			9b. CIT		Balt:		EATH		9c. COUN	TY OF DEA	тн
DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Md. Ba	v ltimore		10c. CIT	.,	on Local	non stow	n					Od. INSIDE CITY LIMITS? YES 2 XNO
	10e. STREET AND NUMBER 315 Bond A	Vanila				101	ZIP COD	136			10g. CITIZ	EN OF WH	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN	YES 2		13.	If yes, sp	ENDENT (F HISPAI	NIC ORIGIN? (Sp an, Puerto Ricen y:	pecify Yee	or No—	14. RACE -	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)			Give kind of ife. Do NOT u	work done se retired.;	during mo	st of worki	ng		18b. KIND OF BUSINESS/INDUSTRY U.S. Post Office			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joseph Cu	rran			-		C	athe	ME (First, Middle rine Mo	Der	mott		
TO E	19a. INFORMANT'S NAME (Type/Print) Janice Collins								Route Number, C				92020
	20a. METHOD OF DISPOSITION 1	noval from State	other	e of dispo							cation — c imore		yland
	21. SIGNATURE OF FUNERAL SERVICE LI	bliand	4		22	Eck	hard	t Fu	neral (Chap	el Ow	ings	21117 Mills, Md.
CERTIFICATION	iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b	(OR AS A CONS	BEOUENCE C	OF): OF):	_	for a	m	^				Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART it. Other aignificent condition	na contributing to	•	t reaulting	in the u	inderlyin	g ceuse	given in		PERFOI		6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outnetlant	2 🗇 DOA	OTHE	R:			heck only one)	- 16.1			
BY PHYS	27. MANNER OF DEATH 1 A Netural 5 Pending 2 Accident Investigation	200. DATE OF (Month, D	INJURY	28b. Til		28c. IN.	JURY AT DRK? YES 2 [8 Other (Sp 28d. DESCRI		NJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At etc. (Specify)	home, farm,	atreet, fo	ctory, offic	20		28f. LOCATIO City or To	N (Street wn, State)		or Aurai Roi	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												and menner ee stated.
TO BE C		torn la					_	ENSE NU			29d. OATE		Month, Day, Year)
Ė	30. NAME AND ADDRESS OF PERSON W	inh 41.	3 Comm	~ we	los	Br	c 2	121	P				
	31. DATE FILED (MONTH, Day, 16ar) OCT 1 7 '91	Julia D	WILLOW-	include									

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1991

1901

319 Hanover Pkwy, #A, Greenbelt, MD

3. TIME OF CEATH

10:35

10d. INSIDE CITY 1 YES 2 X NO

White

24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Interval Between Onset and Death

8. BIRTHPLACE (State or Foreign Country)

New York

10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc.

REG. NO.

2. DATE OF DEATH DAY

7. DATE OF BIRTH (Month, Day, Year)

1 - FOR STATE REGISTRAR

EDNA

1. OECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

MAE

Surinder Singh, M.D.

CHESBRO

5. SEX

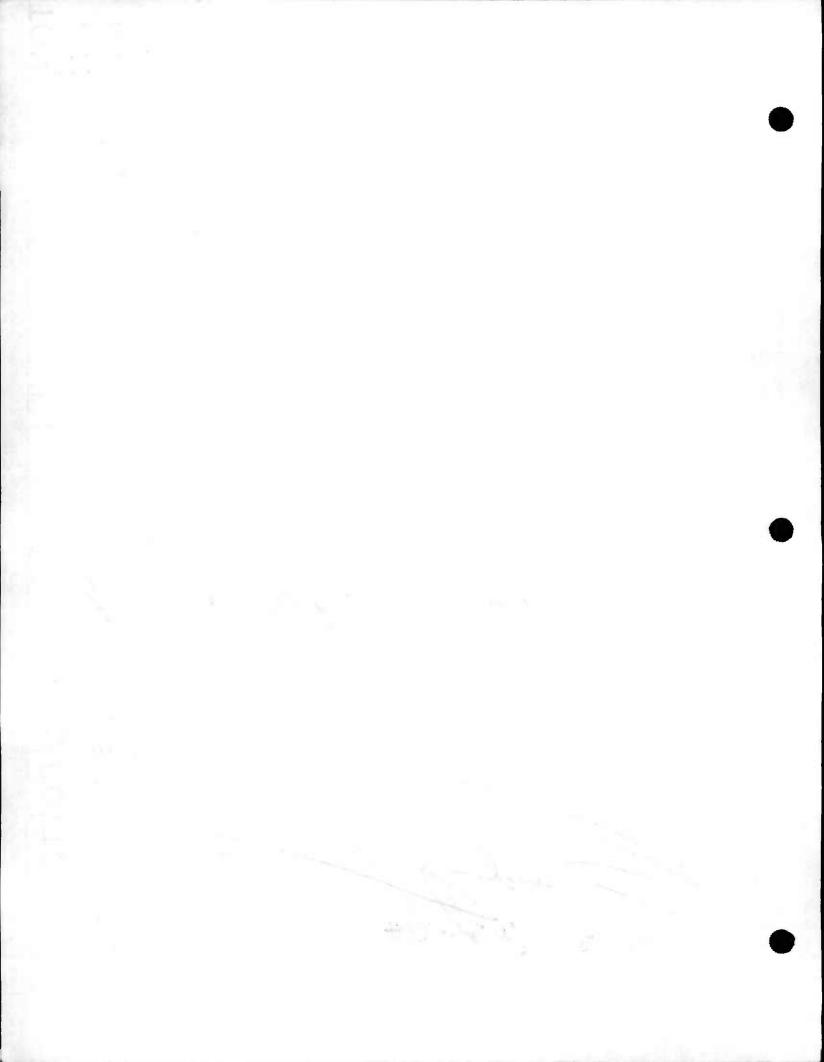
_						April 11,		New York
	9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF C	EATH		Y OF DEATH
ᅙ	11005 Cone Lane			wnea	aton		MOI	ntgomery
DIRECTOR	Maryland Mont	gomery		r, town or Loc neaton	ATION			10d. INSIDE C
	10e. STREET AND NUMBER	gomery	VVI		IOI. ZIP CODE		10a CITIZE	1 TYES 2
NA I	11005 Cone Lane				20902			ted States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 XNO Speci	NIC ORIGIN? (Specify an, Puarto Rican, atc.) fy:		4. RACE — American Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)		vork done during i e retired.)	FION most of working		BUSINESS/INDU	STRY
2	12		Salespe	erson			tment S	Store
DE CO	17. FATHER'S NAME (First, Middle, Last) Elbert Frost				Carrie	AME (First, Middle, Maid	oward	
10	19a. INFORMANT'S NAME (Type/Print) Dawn C. Graham			as #10	t and Number or Rural	Route Number, City or	Town, State, Zip C	Code)
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	206. PLACE AND DATE of cemetary, crematory Mt . Adna	or disposition of other place)	tery	1		ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A	MOD8:	Rapp	Funeral		P.A.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OI	R AS A CONSEQUENCE OF	4	Lan	lure	wa	1
ENI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE 10 (0.	N AS A CONSEQUENCE O	n. (1			1/2
- 1	that initiated events	d			Ing cause given in	PER	AN AUTOPSY FORMED?	COMPLETION OF DEATH?
: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. one contributing to de	eath but not resulting	in the underly	PLACE OF DEATH (C	1 VES	FORMED?	COMPLETION OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X HO 27. MANNER OF DEATH 1 Natural S Pending	HOSPITAL: 1 Inpution 2 E 28s. DATE OF IN (Month, Day)	R/Outputient 2 DOA	OTHER:	PLACE OF DEATH /C	1 VES	FORMED?	ANALABLE PI COMPLETION OF DEATHY 1 YES 2
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X HO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 E 28s. PLACSOF	PrOutpellent 3 DOA JURY 286. TIM	26. OTHER: a Mursing H E OF 28c. University	PLACE OF DEATH (Come 5 X) Residence	hock only one) 6 Other (Specify) 26d. DESCRIBE HO	W BUJURY OCC	AMALABLE PR COMPLETION OF DEATHY 1 YES 2
ED BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST PART II. Other significant conditions and the significant conditions are selected as a selecte	HOSPITAL: 1 Inputiont 2 E 28s. DATE OF IN (Month, Day) 28s. PLACS OF IN SIGNAN: To the best of my	R/Outpetient 2 DOA URRY 28b. TIM HUNT At home, farm,	OTHER: 4 O Mursing H E OF 286.5 UNITY M 1 Street, factory, of	PLACE OF DEATH (Come 5 X) Flesidence NUTRICAL AT MORKY YES 2 40	PERI 1 YES Neck only one) 6 Other (Specify) 26d. DESCRIBE HO City or Rown, 52 e to the cause(s) and	W BUJURY OCCI	1 (YES 2 URED Flural Ploute Number d.
BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST PART II. Other significant conditions and the significant conditions are selected as a selecte	HOSPITAL: 1 inpatient 2 E 28s. PLACE OF IN- (Month, Day, 28s. PLACE OF IN- (Month, Day, ERI. On the best of my	R/Outpetient 2 DOA JURY 28b. TIM IN.	OTHER: 4 O Mursing H E OF 286.5 UNITY M 1 Street, factory, of	PLACE OF DEATH (Come 5 X) Flesidence NUTRICAL AT MORKY YES 2 40	Personnel 1 Ves Neck only one) 6 Other (Specify) 26d. DESCRIBE HO City or Even, St to the cause(s) and	W INJURY OCCI bet and Number of manner as state, and due to the	AMALANE PI COMPLETION OF DEATH? 1 YES 2 URED Flural Plouts Number d.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

MONTHS DAYS HOURS MIN.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

OHMH-16 Rev 1/89



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PHYS	this	with	rked
SING	After	death	E
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1	6	#	00
Œ	RECTOR	urs afte	9Ш 28
AL DR	AL DIRECTOR	72 hours afte	If Item 28
SPITAL DR /	NERAL DIRECTOR	thin 72 hours afte	NT: If item 28
IE HOSPITAL DR	HE FUNERAL DIRECTOR	d within 72 hours afte	DRTANT: If item 28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year) OCT 1 6

ORGE

'91

WNO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

M.D.

Mandell.

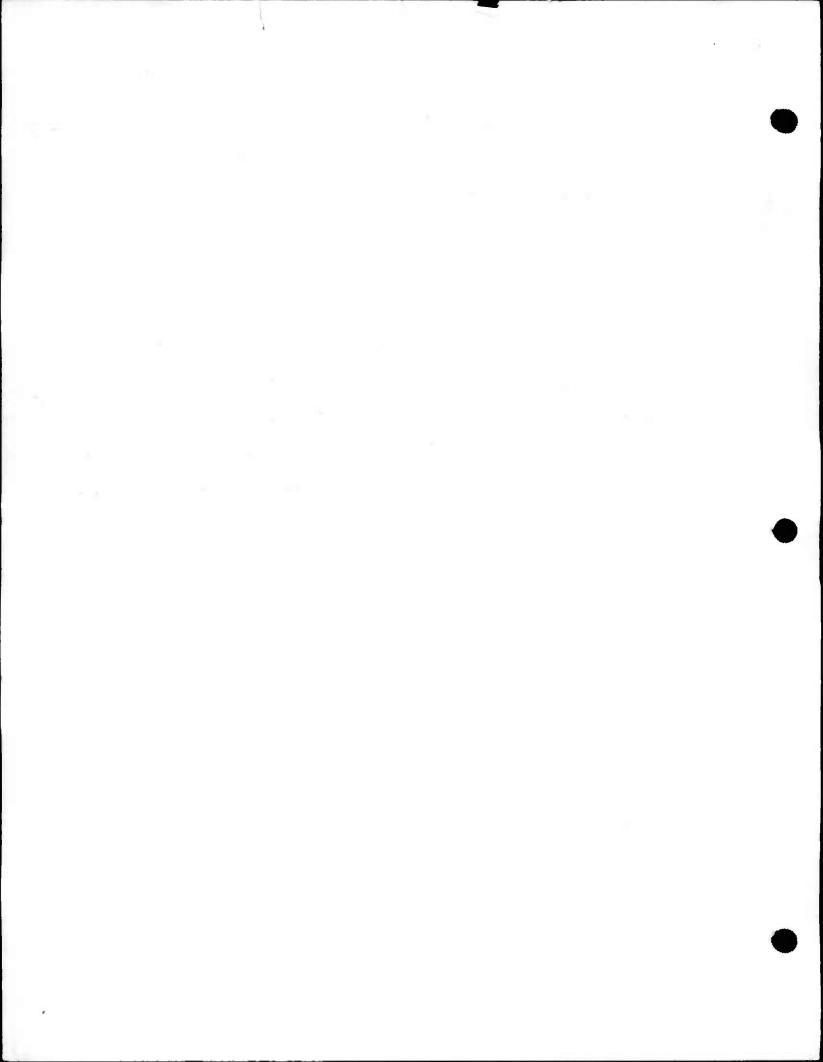
	FOR STATE SECISTRAN	STATE OF M					EALTH AND N DEATH	NENTAL		9	1 2	29116
	1. DECEDENT'S NAME (First, Middle, Last) FVancis T	Corbe		PALD	ICATE	UF	DEALIT	2. DATE MONTH			YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 215-16-2536	5. SEX 1 XXM 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH	_	BIRTHPL	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give stre Baltimore County RESIDENCE OF DECEDENT		Hosp.				allstown			Baltimore		
FUNERAL DIRECTOR	Maryland 10b. county			10c. CIT	Y, TOWN OF	timo	re				1	Id. INSIDE CITY LIMITS? YES 2 NO
VERAL	100. STREET AND NUMBER 717 Maiden Cha						21228				US	
BY FUI	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Olvorced	TEVER IN U.S. ARI V YES 2 N AR OR DATES V II	MED O	H,	yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto F		or No— 1	Black, W	Amarican Indian, Mila, atc. Mite	
COMPLETED	15. DECEDENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +	(Gh life.	ve kind of Do NOT u	SUSUAL OC work done do se retired.)	uring mos	it of working	16b.	KIND OF BUS	siness/indu	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert J. Corbett Jr. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Upman											
인	198. INFORMANT'S NAME (TyperPrint) H. Regina Corbett 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 717 Maiden Choice Ln. Baltimore, Md. 2122											
	20a, METHOO OF DISPOSITION 1/L/Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	other nis	ice)	Fores	st V	etery, cremetory or eteran C			cation — ci 193 Mi		
	21. SIGNATURE OF FUNERAL SERVICE LICE	- Pou	ell				o address of fa Funeral		11824 Reist	l Reis tersto	ters: wn, 1	town Road Md.21136
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) s. Pneumania											Approximate Intervel Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury to United Australia (OR AS A CONSCOUENCE OF):											
ERT	thet initieted events reculting in death) LAST		(OII AS A GONSEC	JOENOL C	,, _j .							
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO DF DEA										ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	H98PITAL:	ER/Outpatient 3		ОТНЕЯ	t:	ACE OF OEATN (Ch				-	
BY PHYS	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TII		28c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO		SCRIBE HOW	NJURY OCCI	JRED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE O building,	28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify)						ATION (Street or Town, State)		r Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER											and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON YOU	MD					DYIV					fonth, Day, Year) 5 19 1

COUNTY

· BALTIMONE

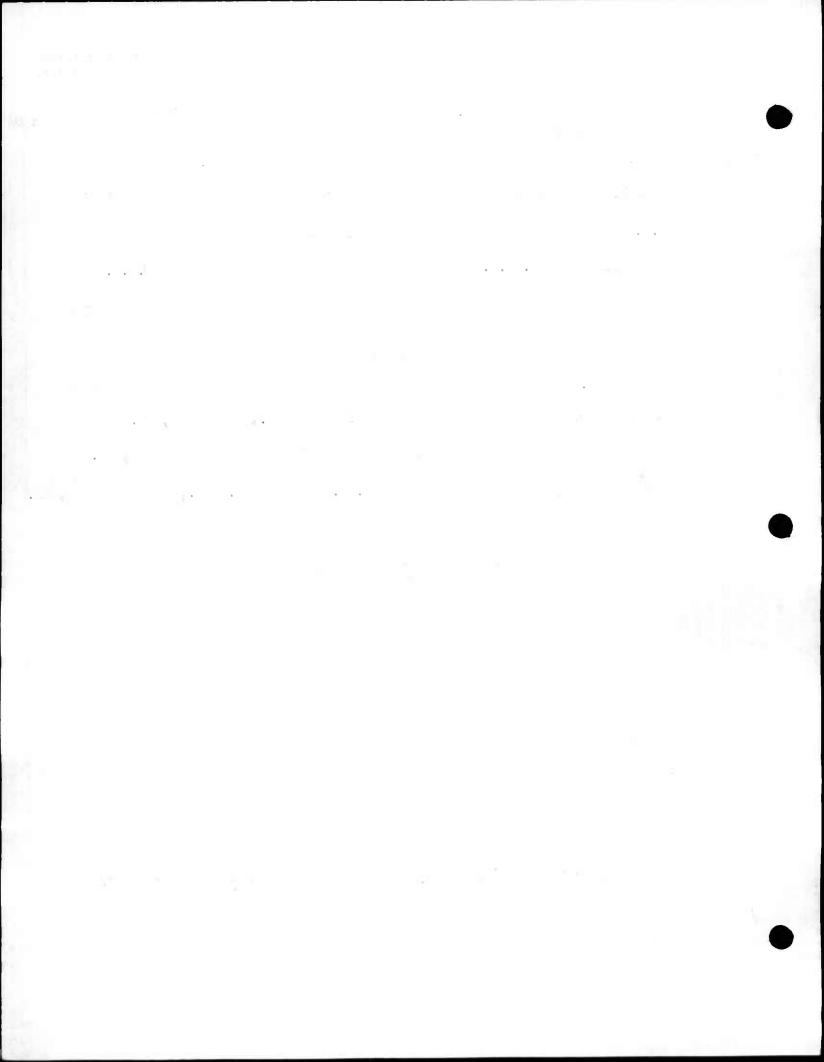
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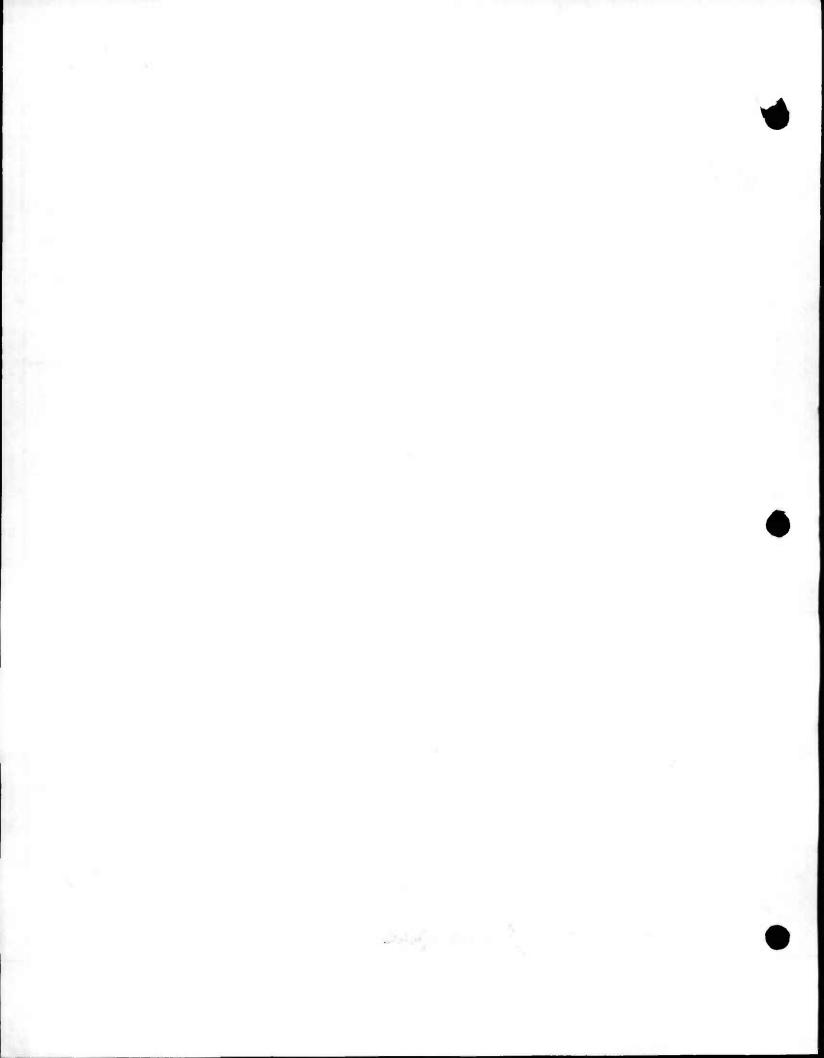


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AL DH ALLENDING PHYSICIAN; The law requires that the death certificate de executed within 24 hours after death, Page 6	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The second with the Crass Down of Months and Months Homese order to build programme as second to the funeral director.	2. India a direct description of the court of the court interest regions prior to borner, cremetable, or refinded in
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NG	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first place death with the Costs have	Tool I
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3	75	9

1.	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	MENT OF I	HEALTH AND	MENTA	L HYGIEN				
	DECEDENT'S NAME (First, Middle, Lest) ELEANOR 5	. DONEHOC	DONEHO	00		MONT	OF DEATH	7/7/91	EAR	TIME OF DEATH 4:	
) 1	SOCIAL SECURITY NUMBER 196-36-3659 FACILITY NAME (If not Institution, give si	1 M 2 K F	90 YRS. MO	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	JUN	OF BIRTH th, Day, Year) IE 5,19	901	Country)	NCE (State or Foreign	
BE RE	SUBURBAN HOS	PITAL			PHESDA	EAIH		9c. COUNT	NTGOM		
100.	D.C. NO			VASHING						d. INSIDE CITY LIMITS?	
E L		RD. N.W.			1. ZIP COOE 20016			U.	T COUNTRY?		
3 🛚	MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	Il yes, sp	CENDENT OF HISPAI Decify Cuben, Maxica S 2 NO Specif	an, Puarto	RIGIN? (Specify Yas or No- 14, RACE			American Indian, hita, alc.	
17. F	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S USU (Give kind of work life. Do NOT use red HOUSEW	c done during mo etired.)	16t	o. KIND OF BUS		TRY			
17. F	FATHER'S NAME (First, Middle, Last) EDSON A.	STRANAHAN	NUOSEW	Tre	18. MOTHER'S NA		Middle, Maiden	AT Sumame) BROWI	HOM N AS	EHBURN	
190. INFORMANT'S NAME (Type/Print) ELEANOR MCINTIRE 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 14128 FLINT ROCK RD., ROCKVILLE, MD. 20853											
10	20s. METHOD OF DISPOSITION 1										
	121.21. Cha	unbered	M00091	W. W.	CHAMBER	s co	. INC.	. SILV	ER S	20910 PRING, MD.	
Seq if an Cau	quantially list conditions, iny, leading to immediate use. Enter UNDERLYING USE (initiated events uiting in death) LAST	a. CARDI OUE TO (OR AS A O DUE TO (OR AS A O DUE TO (OR AS A O DUE TO (OR AS A O	CONSEQUENCE OF):	ST PNEUMO	NIA		Hac or respi	ratory arres		Approximata Interval Between Onest and Death	
_	RT II. Other aignificant condition	a contributing to death bu	it not reaulting in th	na underlying	g cause given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	IMED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
	MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Kinpetient 2 ER/Outpet		THER:	LACE OF DEATH (Chi						
1	NAMER OF OEATH Natural 5 Pending Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	F 28c. INJI WO			SCRIBE HOW II	NJURY OCCUP	NED		
3	Suicida 8 Could not be detarmined	28e. PLACE OF INJURY – building, atc. (Specify	— At home, farm, street	4, factory, office	0.	261. LOC. City	ATION (Street a or Town, State)	and Number or	Rural Route	Number,	
290.	2 MEDICAL EXAMINER	CIAN: To the best of my knowled R: On the best of examination							ause(s) end	d manner ea atated.	
	SIGNATURE AND TITLE OF CERTIFIER AME ANO ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	MA (ITEM 27) (Type, Pril	70)	DZ 8		į	29d. OATE S	T 9	nth, Day, Year)	
31. D.	- A A -	30 DURIAN 32. REGISTRAR'S SIGNAT	MD.	5530	> Wist	CONS	SIN AV	E, Chi	ENY C	hASE, MD.	



		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Mic		UF MAR	CE	RTIF	CAT	E OF	DEATH	1	REG	NO.			
		GEORGE JAM	ES DELONG							2. MG	O' ()5 ^{DAY} 91	YEAR	1215 p	
	*	4. SOCIAL SECURITY NUMBER	5. SEX	6. AC	GE (In yrs. las	birthday)	IF UNDER	R 1 YEAR	IF UNDER 24	HRS. 7. DA				LACE (State or Foreign	
(.P	1)	117-16-398	3 1 × M 2	□ F	63	YRS.	MONTHS	DAYS	HOURA	MIN. (M	04 10		Country	YORK	
VI.		9a. FACILITY NAME (If not institu	tion, give street and num	ber)					R LOCATION	OF DEATH	04 10	9c. COUN			
27	CIG	NATIONAL N		CAL CE	ENTER			BETH	IESDA, MD			MC	MONTGOMERY		
Pages	DIRE	10a, STATE 10	b. COUNTY			10c. CIT	, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
lif. P		VA	FAIRFAX		WEST SPRI					ELD			1 🗆		
ı. ınsit permit.	FUNERAL	100. STREET AND NUMBER 6608 HUNTS	MAN BOULE	VARD				101.	ZIP CODE	22152		10g. CiTiZ	USA	HAT COUNTRY?	
1215-0020 or attending physician. r use as the burial-transit	B	11. MARITAL STATUS 1 Never Merried 2 Mar 3 Widowed 4 Divorced	ried FORCES	CEDENT EVE S? 1X YI GIVE WAR OF	ES 2 N			WAS DECI	citik Cuban, I	NT OF HISPANIC ORIGIN? (Specify Yes or No Cubsn, Maxican, Puerto Rican, etc.) NO Specify			14. RACE Black, Specify	- American Indian, White, etc. WHITE	
1215 r attend use as	8	15. DECEDE	NT'S EOUCATION		16a. DE0	CEDENT'S	USUAL O	CCUPATIO	N		I6b. KIND O	F BUSINESS/INDU	JSTRY		
14 M	COMPLET	Elementary/Secondary (0-12)	hest grade completed) College (1-	4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)							LITARY			
MARYLAND 2 retained by the hospital 5 should be detached to	O	17. FATHER'S NAME (First, Middle		<u> </u>	INST										
YL De d		17. PATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ALICE MOLEAN													
MARN retained 1 5 should) BE	19a. INFORMANT'S NAME (Type/F					ADDRESS	S (Street ar				r Town, State, Zip	Code)		
be ret	2	MICHAEL GE	ORGE DELO	NG		7657				LLAGE		22079			
RE, may be		20e. METHOD OF DISPOSITION 1 [X]Burlel 2 [Cremetion :	. □ Removel from St	ete :	20b. PLACE A	ND DATE O	FDISPOS	SITION (Nar	ne of	D	ATE 20	c. LOCATION — C			
MOR ge 6 ma lirector, p		4 Donetion 5 Other (Spe	cify)		The N	ation	ner place)	Ceme	tery	10	1/9 A	rlingto	on, I	irginia	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SE	TILLS	1/2	6,			Gio.		Nash		naine ,	Fun	eral, Home	
(68760, B. secured within 24 hours after and completely filled in by the objurial, cremation, or removal matter event the madical		23. PART I. Enter the disea ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Con	TOLICA	ted P	rosta	ate (, 50011 88 0	ardiac or i	eaphatory arre	· ot,	Approximate interval Between Onset and Deat	
O. BOX 68 certificate be executing physician and tygiene prior to bur other traumatic	E	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
= = = =															
RD:		PART II. Other algolificant of	onditiona contribut	ntributing to death but not resulting in the underlying cause given in i							Part I. 24s. WAS AN AUTOPSY PERFORMED?			YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
L RE law requi as been s lept. of H	ä										1			YES 2 NO	
TA The The	SICI/	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITA	AL:			OTHER	₹:		H (Check only					
PHYSICIAN: this certifical with the St		27. MANNER OF DEATH	28a. D/	TE OF INJUR	ry I	28b. TIME	_	eing Nome 28c. INJU		ance 8 🗆 Ot		OW INJURY OCCL	IDEO		
NG PHYS NG PHYS frer this ceath with	Y P	1 Natural 5 Pend	Ing	onth, Day, Year	r)	INJU		WOR			EQUAIDE N	OW INJUNT OCCI	MED		
O D A P M	9	3 Suicide 6 Coul	tigation 28s. Pt d not be mined	ACE OF INJU	IRY — At hom	ne, farm, st	reet, fact			281. Li	OCATION (St ty or Town, S	reel and Number o	r Rural Ro	ite Number,	
DIVISI DR ATTEN DIRECTOR: hours after Item 28	191	29a. CERTIFIER				_	-								
Z Z Z =	 	(Check only one) 2 MEDICAL	EXAMINER: On the bea	le of examina	owledge, dea tion and/or in	th occurred	dat the ti	me, date e pinion, da	and place, en	d due to the d	rause(s) and sta end plec	menner as stated e, and due to tha	f. cause(s) :	and menner as atated.	
TO THE HOSPI TO THE FUNER be filed within	BE C	296. SIGNATURE AND SITLE OF	PERTIFIER	00			1) [29s. LICENS	E NUMBER		29d. DATE	SIGNED (fonth, Qay, Year)	
5 5 3 3	D B	(()	0	allo	-	1.	2	/	_			1.5	0	791	
20	F	30. NAME AND ADDRESS OF PER		MC, US	SNR 25	6-78-3	1876								
		31. DATE FILEO (Month, Day, Year)	32. RE6	ASTRANTS ST	CHATURE	ino #	1088						_		
		OCT 11 'S	11 90	chia Davi	down /	rodell									



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunal-transit permit imporal.	ileal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		29119						
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	AV YEA	3. TIME OF QUATN										
	MICHELLE. AYNN				NONTH 2	-91	16 15 M						
		SEX 8. AGE (In yrs. les	MONTH	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	IRTHPLACE (State or Foreign puntry)						
)	N/A 1 M 2 VRS. MONTHS DAYS HOUNS MIN. 1 M 2												
DIRECTOR	Holy Cross Hospi			ver spring,		112 11 11 11 11	tgomery						
H.	10a. STATE 10b. COUNTY		10c. CITY, TOW	N DR LOCATION			10d. INSIDE CITY LIMITS?						
		GOMERY	SILV	ER SPRING			1 YES 2 NO						
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE	OF WHAT COUNTRY?								
NE	2903 PLYERS MILL R			20902			JSA						
FU	11, MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2	MED 1	 WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 	NIC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indien, Black, White, atc.						
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Spec	lfy:	S	Specify:						
ED	15. DECEDENT'S EDUCATI		CEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTE	WHITE						
H	Specify only highest grade completed 16a, DecEphNT's USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 16c) 1												
AP.	N/A N/A												
COMPLET	17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumerne)												
BE	PAT J. DE FILIPPO JOYCE Marie BALKO												
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PAT I DE ETITIPO (EATHER) 2002 PINER OF A TOWN, State, Zip Code)												
	PAT J. DE FILIPPO	(FATHER) 2	903 PLY	ERS MILL ROAL			IARYLAND 20902						
	20e. METNOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremetion 3 □ Remove	from State cometery cre	metary or other play	OSITION (Name of		CATION — City o							
	4 Donation 5 Other (Specify)	GATE (OF HEAVI	EN CEMETERY 2. NAME AND ADDRESS OF F	10/15 SIL	VER SPR	ING MARYLAND						
	N. 11/2	3/ (1	FRANCIS J. CO	LLINS FUNE	RAL HOM	E, INC.						
	500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	IMMEDIATE CAUSE (Final												
	resulting in death)												
	DUE TO (DR AS A CONSEQUENCE OF):												
TIFICATION	Sequentially list conditions. EXTREME IMMATURITY, 22 + GESTATION . DUE TO (OR AS A CONSEQUENCE OF):												
ATI	if any, laading to immediate cause. Enter UNDERLYING												
띮	CAUSE (Disease or Injury thet Initieted events DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST												
S	PART II. Other significent conditions c	contributing to death but not a											
PHYSICIAN: MEDICAL	TAIL III Other algument conditions c	outriboting to death but not h	esuiting in the	underlying cause given in	Pert I, 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIDE TO						
					1 🗌 YES 2	□ NO	CDMPLETION DF CAUSE DF DEATH?						
Σ							1 TYES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL			DA DI ACE DE DESTINO									
S	EXAMINER?	OSPITAL:	ОТН										
H	27. MANNEY OF DEATH	28a. DATE OF INJURY	28b. TIME OF	ursing Nome 5 Residence	8 U Other (Specify) 28d, DESCRIBE HOW II	HINDA OCCUBE							
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	Soci Sedembe How I	NOOM COOME							
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE DF INJURY — At hor	me, farm, street, f		281, LOCATION (Street a	and Number or Ru	rel Route Number.						
ш	4 Homicide determined	building, stc. (Specify)			City or Town, State)								
COMPLET	29a, CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, de	ath occurred at the	e time, date and place, and du	to the causala) and more	mer se stated							
WC		On the basis of examination and/or i					se(s) and menner as stated.						
ЕС	296. SIGNATURE AND TITLE OF CERTIFIER			29c LICENSE NU			NED (Month, Day, Year)						
0	Mulles	T. KUNOS	S, MD.	ZJU EIDENJE NO		► 10/4	9 91						
5	30 NAME AND ADDRESS OF PERSON WHO C		/				1 .1						

					1 TES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH						
1. MANNER OF DEATH 1. Natural 5 Pending 2. Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 8 Could not be determined	28s. PLACE DF INJURY — At he building, stc. (Specify)	ome, farm, stree	t, factory, office	281, LOCATION (Street and Number or City or Town, State)	Rural Route Number,				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) S. S. 20910.

HCH ISOD FOREST GLENN RD S. S. 20910.

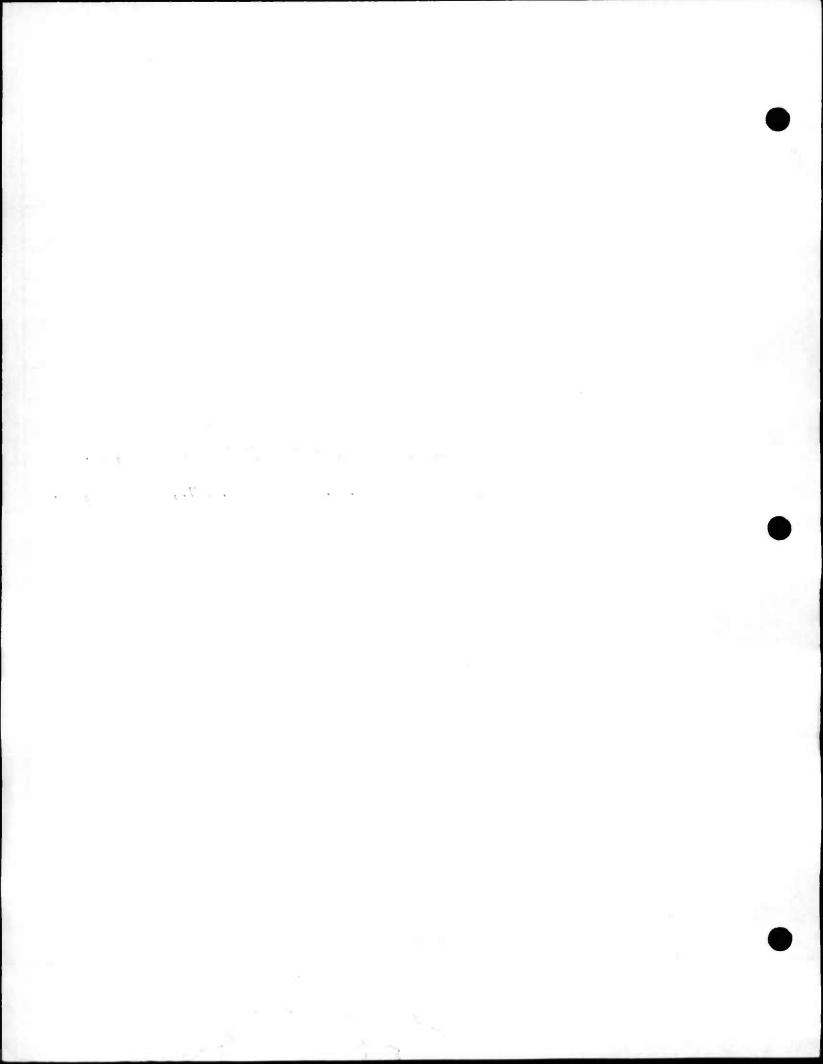
31. DATE FILED (Month, Day, Year)
OCT 15 '91 JE REGISMAN SSIGNATOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OR AT	OURS 2	ma.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or memoral	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	23	즐

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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT CON	STABLE DUANE			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH P				
	4. SOCIAL SECURITY NUMBER 093-07-6340 80. FACILITY NAME (If not institution, give	1 M 2 D F	77 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS INTHE DAYS HOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Year) DEC 22 191	3 MAS	IPLACE (State or Foreign y) SACHUSETTS				
TOR	NATIONAL NAVAL M	Control of the Contro		BETHESDA	DEATH 9c.	9c. COUNTY OF DEATH MONTGOMERY					
DIRECTOR	100. STATE 10b. COUNT FLORIDA LE		tOc. CITY, 1	OWN OR LOCATION SANIBEL			tod. tNSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 1019 LINDGREN	BOULEVARD		101. ZIP CODE	33957		WHAT COUNTRY? D STATES				
ВҰ	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISE If yes, specify Cuben, Mexi 1 TYES 2 X NO Spe	MANIC ORIGIN? (Specify Yee or Nicen, Puerto Rican, etc.)	0- 14. RACE	- American Indien, t, White, etc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CaTION completed) College (1-4 or 5+)	Ille. Do NOT use n	done during most of working stired.)	166, KIND OF BUSINES						
	17. FATHER'S NAME (First, Middle, Last)		1 0. 3		DEFE	ime)					
TO BE	HARRY B. DUANE 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10.10 I TAID CREAT POUL EVARD CANTER TO THE COLOR										
	G.OLIVIA DUANE 1019 LINDGREN BOULEVARD, SANIBEL, FL 339 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removat from State 20b. PLACE AND DATE of DISPOSITION (Name of cometor), Cremetion, Supply place in the property of the place in the property of the place in the place i										
	2) Cremetton 3 Removat from State Cometon Cremator acades place CREMATORY 10/10/91 RIVERDALE, 21. SIGNATURE OF FUNERAL SERVICE LICENSES MOOO91 W. W. CHAMBERS CO. INC., ROCKVIII										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SQUAMOUS CELL CANCER DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 M NO 24b. WE AM CD OF										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		26. PLACE OF DEATH (C							
ву РНУ	27. MANNER OF DEATH VI Netural 5 Pending Investigation	26e. DATE OF tNJURY (Month, Day, Yeer)	28b. TIME OF	The state of the s	28d. DESCRIBE HOW INJURN	OCCURED					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR butiding, etc. (Spe	f — At home, ferm, stree city)	t, fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) t CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my known: R: On the basis of examination	riedge, death occurred at	the time, date end place, end du my opinion, death occured at th	to the cause(s) end menner en e time, date end piece, end due	s stated, to the ceuse(s)	end menner es ateted.				
TO BE (114	M.D.		29c. LICENSE NO	JMBER 29d. ▶		Month, Day, Year)				
-		MC, USNR		THE ECTION IN	AVAL MEDICAL MD 20889-5000	CENTER	. , ,				
	31. DATE FILED (Month, Day, Year) OCT 11 1991	32: REGISTRAR'S SIGN	- Mandell								



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

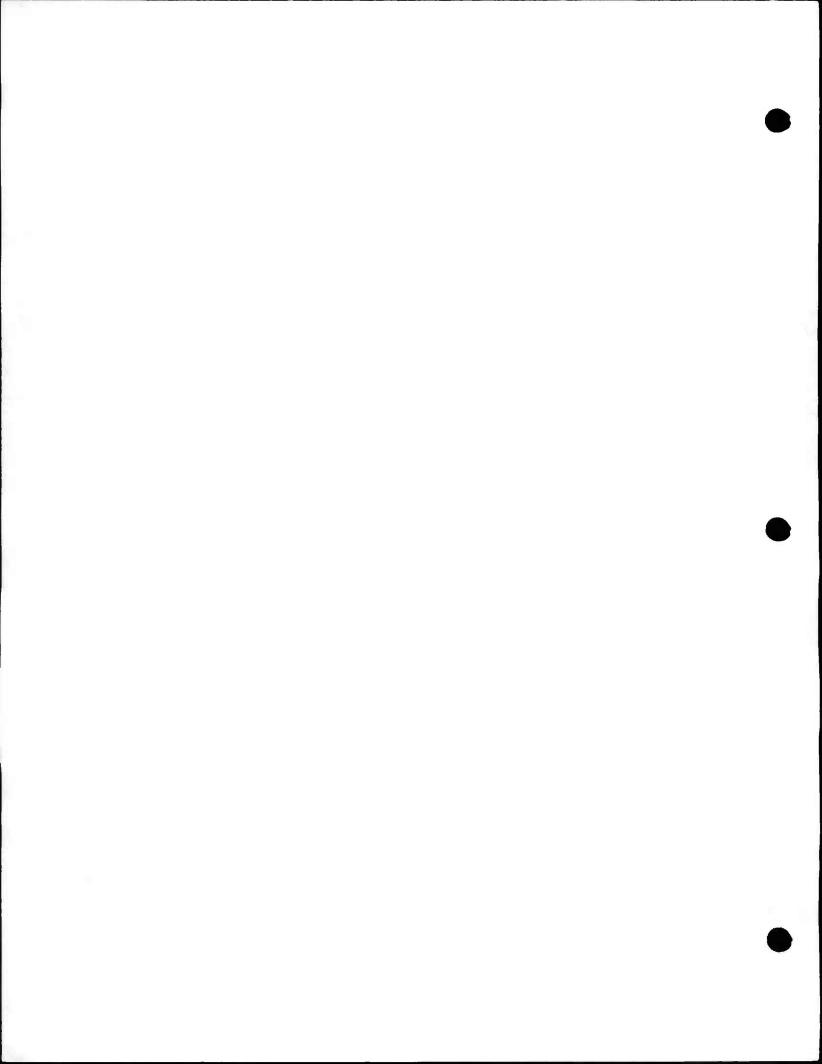
1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	F DEATH DA		YEAR	3. TIME OF DEATH	
Francis J.							8, 1	991		0730 M					
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (in yrs. last	7.5	IF UNDE	DAYS	IF UNDER	MIN.		Day, Year)		Count	IPLACE (State or Foreign y)	
148-16-2907		1 XXII 2 □ F	L	67	YRS.	S. Oct. 6, 1924 New York									
17			A	лг		Gaithersburg Montgomery									
18613 Walke	rs Uno	oice ka.	Apt.	# 3		G	aıın	ersbu	irg			MOI	regon	lery	
10e. STATE	10b. COUNTY						OR LOC							10d. INSIDE CITY LIMITS?	
Maryland	Monte	gomery			Gai	the	rsbu					1 TYES 2 XX			
	0.1			л -				of. ZIP COD						WHAT COUNTRY?	
18613 Walke	rs Cho	12. WAS DECEDEN			MED	13		20879		HC ORIGIN?	(Specify Yes	-	S.A.	E — Amarican Indian,	
1 Never Merried 2		FORCES?	MAR OR D	2 N	10		If yes, s		ın, Mexica	n, Puerto Ric			Blec Spec	k, White, atc.	
3 Wildowed 4 Divorced													White		
	EDENT'S EDU y highest grade			(G	CEDENT'S ve kind of v Do NOT us	work done	e during n	TION nost of world	ng	18b. F	(IND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)				•	Rena	irma	n Te	lepho	ne C	ompa	nv	
17. FATHER'S NAME (First, M	iddle, Last)	2		ocn	crar	OII	100	_		ME (First, Mic			ompa		
Edward Will	iam Di	illon						Man	cy Lu	ıcy Wa	arren				
19e. INFORMANT'S NAME (1	ype/Print)									Route Numbe					
John R. Dillon 19944 App1										ce Gar					
20e. METHOD OF DISPOSIT 1 Burial 2 Crematic	on 3 🗆 Rem	ovat from State	- 1	other pla	ece)			emetery, cre					- City or Ti	· ·	
	4 Donation 8 Dother (Specify) Metropol 21. SIGNATURE OF FUNERAL SERVICE METERS							1itan Crematory Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY Do Wall Europeal Home							
De Vol Funeral Home															
M00896 10 E. Deer Park Dr. Gaithersburg, MD 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approx											Approximate				
shock, or h	dart fallure.	List only one ca	use on a	ach lins		iot anti	or the ir	ious or uy	my, suc	ii sa Carun	ac or resp	natory a	ireat,	interval Between Onset and Death	
IMMEDIATE CAUSE (Fli disease or condition		Myra		11			-40		/					do do	
resulting in death)		DUE TO	OR AS	CONSE	DUENCE OF	F):	IK	1/6	~	1				1012	
Commendation that consider		a. MYC. AUTER	1050	LERO	TIC	C	ARX	OVAS	CUL	AR L	Saci	86		INDEF	
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	CIOIG	OUE TO	OR AS	CONSE	DUENCE O	F):				,					
CAUSE (Disease or inju		c. OUE TO	OR AS	CONSE	DUENCE O	F):								-	
resulting in death) LAS	т	d.													
PART ii. Other algolfice	nt condition	na contributing to	deeth I	ut not i	- aultina	in the r	underlyi	ing cause	ahma la	Dart I	24s. WAS AN	AUTODES	/ 24	b. WERE AUTOPSY FINDINGS	
HYPERT			, agotti e	or nor i	osuiting		dildony	ing codeo	given in		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
1.11-11	2,12	. 0 / 0								-	1 YES 2	KNO		OF DEATH?	
							-			-				1 123 2 10	
25. WAS CASE REFERRED T	O MEOICAL	HOCO						PLACE OF	DEATH (C	neck only one)				
1 XX XES 2 NO		HOSPITAL:		patient 3			lursing Ho		teeldence	6 🗆 Other					
27. MANNER OF DEATH	Pending	1 4 4 /	F INJURY Day, Year)		28b. TIM	URY	٧	NJURY AT	1.1	28d. DESC	CRIBE HOW	tNJURY O	CCUREO		
2 Accident	Investigation	280. PLACE	OF IN HIE	/_ At he	me form			YES 2	No.	201 LOCA		and Mumb	ED ON BURN	Flourite Number,	
3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Spe	city)	. /	UCZ	-			City or	r Town, State	#/	0	node Harros,	
29e. CERTIFIER 1 CER	TIFYING PHYS	SICtAN: To the beat of	of my knov	riedge, de	/	/	e time, de	ate and ptac	e, end du	to the caus	e(e) end ma	nner ee s	tated.		
Contract to 10			and the											(e) and manner as stated.	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)															
Feeles 1910 Dorogg 10/9/91															
FRANCIS C MAYCE EDOUNISCONSEN AUG BOTHES DAMBLOFIG															
31. DATE FILEO (Month, Day,		32. REGISTE	AR'S SIGI	NATURE									,	• •	
OCT O	9 '91	Chil	ia Sau	4dson	Mond										

TO THE MOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 module and ceath. Page 6 may be retained by the hospital or attending physician.

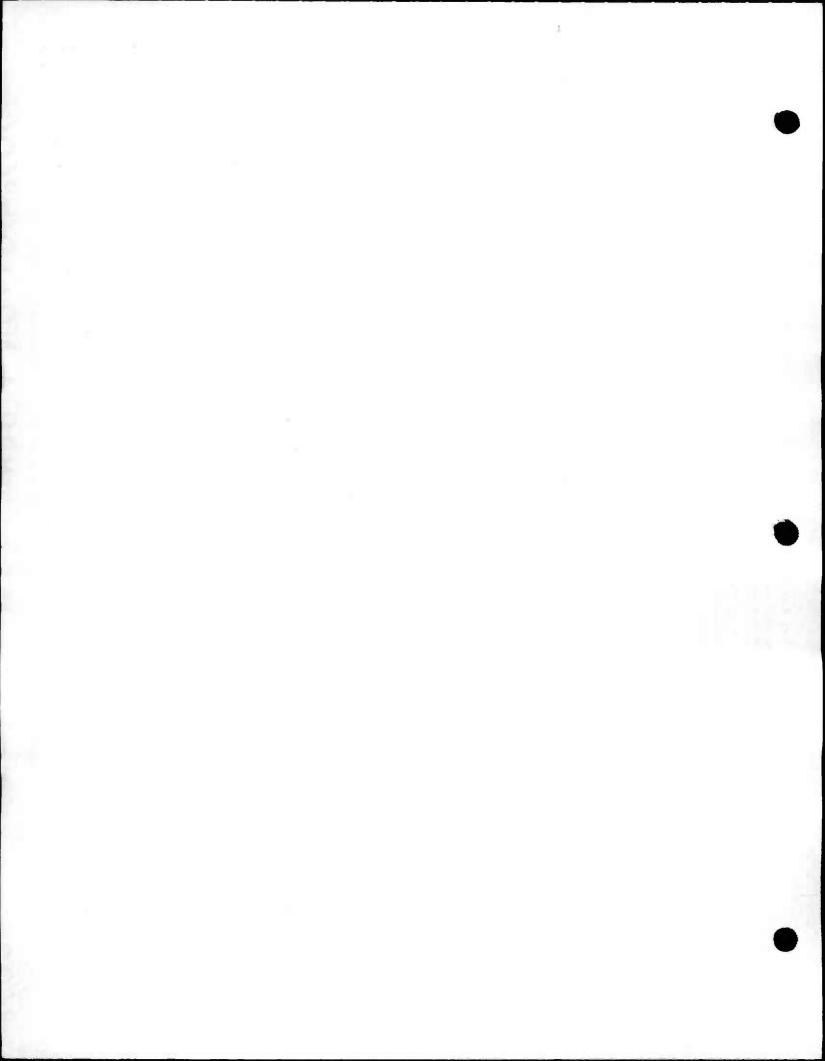
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	O .					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH				
Charles Raymon	d DeFlage				Oct. 10		91 11:45 P M				
4. SOCIAL SECURITY NUMBER		VGE (In yrs. last birthdey)	IF UNDER 1 YEA		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)				
214-09-4514	1 M 2 🗆 F	79 YRS.	MONTHS DAY	HOURA MIN.	Oct., 2,	1912	Maryland				
9e. FACILITY NAME (If not institution, give			9b. CITY, TOW	N OR LOCATION OF D		9c, COUN	NTY OF DEATH				
5 209 Queen Anne's		Was	hington								
209 Queen Anne's RESIDENCE OF DECEDENT 100. STATE 100. COUNT MD Was											
100. STATE 10b. COUNT			TY, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
into was	hington	п	agersto								
100. STREET AND NUMBER	0.4			101. ZIP CODE		100	ZEN OF WHAT COUNTRY?				
209 Queen Anne's				21740			USA				
10e. STREET AND NUMBER 209 QUEEN ANNE'S 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED YES 2 XNO			NIC ORIGIN? (Specify Y en, Puerto Ricen, etc.)	ee or No-	 RACE — American Indian, Black, White, atc. 				
3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		ES 2 NO Speci			Specify: White				
	ICATION	40 - 0000000000	1		BURNESH PROPERTY OF	1					
(Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of life, Do NOT u	work done during ise retired.)	most of working	16b. KIND OF B	USINE 88/IND	USTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)		etal Wo		Faire	child					
17. FATHER'S NAME (First, Middle, Last)											
5					AME (First, Middle, Maide	in Sumame)					
Ernest DeFelice 190. INFORMANT'S NAME (Type/Print)			2 2 5 5 5 6 7 7 7		Tracey						
0		1			Route Number, City or T						
mary 1. Verlage		209 00	ueen An	ne's ct.	Hagerstow	un, MD 21740					
20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE OF DISPO	SITION (Name of	cemetery, cremetory or	17 01 000	OCATION -	City or Town, State				
Smiths burg Crematory 10-17-91 Smiths burg, MD											
22. NAME AND ADDRESS OF FACILITY Davis Funeral Home											
Thennis A	- ray	5			Smithshu	La MD	01762				
disesse or condition resulting in death) Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	d										
PART II. Other significant conditions	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO 1										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			24	PLACE OF DEATH (C	the et a mile a mile						
EXAMINER?	HOSPITAL:		OTHER:								
1 YES 2 NO	1 Inpetient 2 I ER			Iome 5 Residence							
1 Natural 5 Pending	(Month, Day, Y		JURY	INJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OC	CURED				
2 Accident Investigation		IIIOV Al home form		YES 2 NO	004 4 00471011 (0)		2 12 1 11 1				
3 Suicide 6 Could not be	building, etc.	JURY — Al home, ferm, (Specify)	street, rectory, c	mee	City or Town, Sta	te)	or Rural Route Number,				
29a. CERTIFIER							·				
(Check only CEHTIFTING PHY	SICIAN: To the best of my IER: On the besis of exami						ted. ne cause(a) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFY	ÉR			29c. LICENSE N	JMBER	29d. DAT	E SIGNED (Montil), Day, Year)				
Thoras V4 40 man TT Ph.D. M.D. D17591 > 10/18/91											
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE C	F DEATH (ITEM 27) (Typ	e, Print)			/	-//-/				
George C. Newma.	n II 1799 H	owell Rd	Надоль	town Md	21740						
31. DATE FILED (Month, De Var)	0 1 32. REGISTRAR	SIGNATURE .: 4.	10 mg C 05	000010,11100.	4,770						
I OCI TO	311	mus hundason-	-Munacky								



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

499-07-4291

1. DECEDENT'S NAME (First, Middle, Last)

George

6. SEX

1 X M 2 F

_	
13146,	
BOX	
P.0.	
RECORDS,	
OF VITAL	
P	
DIVISION	

9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH il. DIRECTOR Suburban Hospital 20 Bethesda RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Pages Maryland Montgomery Bethesda permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 5860 Marbury Road feath, Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit 20817 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify:
Specify:
Specify:
Specify: 11. MARITAL STATUS 1 Never Merried 2 Merried BY 3 Widowed 4 Olvorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 12 Manager Utilities once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumeme) notified at George Enloe Elnora Davis BE 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Marie S. Enloe 5860 Marbury Road Bethesda, Maryland 20817 pe 20a, METHOD OF DISPOSITION
1 ② Buriel 2 ☐ Cremation 3 ☐ Ramoval from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Moriah Freeman Cemetery Kansas City, Missouri 22. NAME AND ADDRESS OF FACHITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7537 Funeral Wisconsin Avenue, Bethesda, Maryland 20814-3501 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00672 in by the fremoval. medical 23. PART I. Enter the disesses, or complicatione that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory errest, filled in by shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, disease or condition resulting in desth) comora event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING 2 CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 事 MEDICAL PERFOI any 1 TES 2 NO Shows PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) this certificate h Item POSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO marked, Natural 5 Pending 1 YES 2 NO BY DIRECTOR: After the hours after death death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 28 CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as atsted. Item TO THE HOSPITAL OF THE FUNERAL DIDENTAL DIDENTAL DIDENTAL DIDENTAL TENTON TENTON TO THE PROPERTANT: If Its 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER BE 2.516 D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Joel Schulman, M.D. 2

Georgetown 32. REGISTRAN'S SIGNATURE PARALLES

'91

15

31. DATE FILED (Mo

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

Enloe

YRS.

6. AGE (In yrs. last birthday)

79

91 29123

3. TIME OF OFATH

3:50

Kansas

10d, INSIGE CITY

1 YES 2 NO

Interval Between Onset and Death

WERE AUTOPSY FINDINGS

COMPLETION OF CAUSE

AVAILABLE PRIOR TO

1 YES & NO

29d. DATE SIGNED (Month, Day, Year)

10

an

6. BIRTHPLACE (State or Foreign

YEAR

9c, COUNTY OF DEATH

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

Specify: White

United States

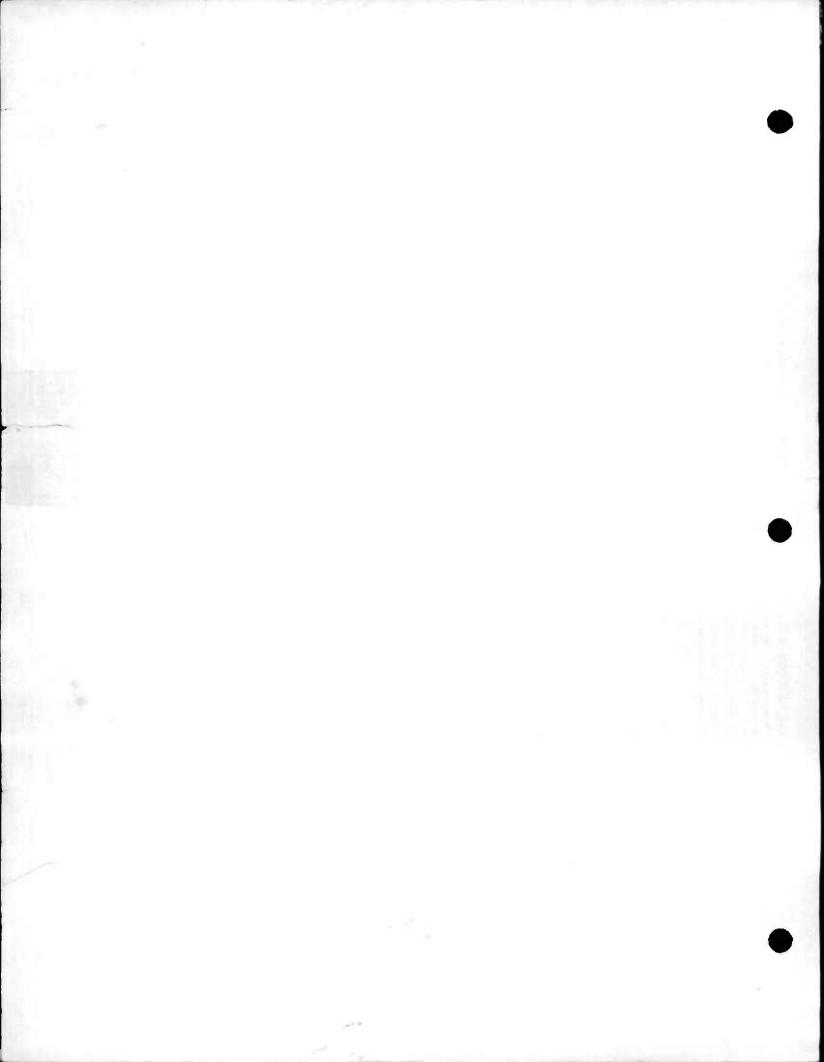
1991

REG. NO.

2. DATE OF OEATH MONTH DAY

October 11,

7. DATE OF BIRTH (Month, Day, Year) April 1,1912



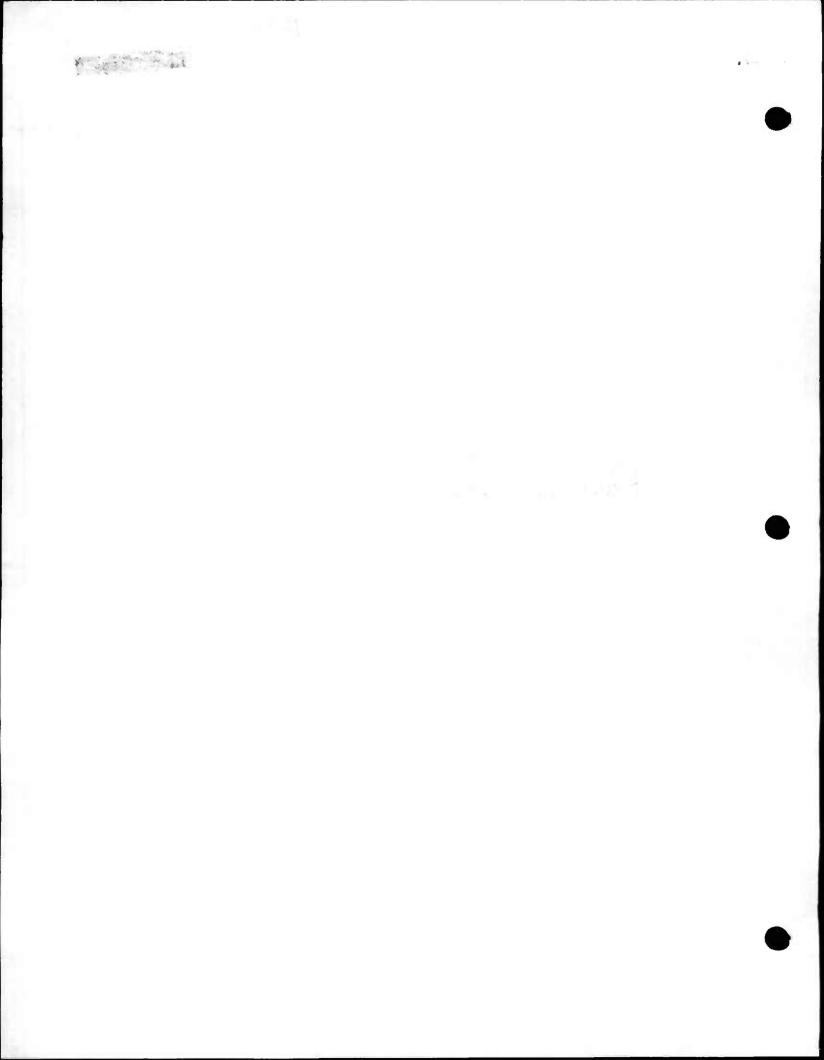
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE REGISTRAR	011112 01 11	C	ERTIF	ICATE (MENIAL N	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF C	DEATH	y	3.	. TIME OF DE	НДН
1	1205coe	VYE	+B	20	K	SR.		MONTH O	DA	2 9	EAR	2	BAN
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER t YE	-		7. DATE OF E		8.	BIRTHPL	ACE (State or	Foreign
	214-16-0131	1 M 2 D F	80	YRS.	MONTHS DA	rs HOURS	MIN.	(Month, Day, Year) 10/29/1910			Country) MARY	YLAND	
	9a. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TO	VN OR LOCATI	ON OF DE		,		NTY OF DEATH		
OR	SYKESVILLE ELDER	CARE CENT	'ER		SYK	ESVILL	Ė			CAR	ROLI		
<u></u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ν		100 00	Y, TOWN OR L						_		
E		CARROLL			ANEYTO							LIMITS?	
	10e. STREET AND NUMBER	CARROLL		1.	ANEITO	101. ZIP COD	-			570 mm			ND ND Mata Between nd Death Findings R TO C CAUSE NO
2	52 GEORGE STREE	т				IVI. ZIP COD		21787				AT COUNTRY	
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13 WAS	DECENDENT		LI/O/	analfu Van		S.A.		Description of Foreign ID Description of Foreign ID Description of Foreign ID Description of Foreign ID LAND S Toximata
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 VI	NO	II yes	, specify Cubs	n, Maxicai	n, Puarto Rican	, atc.)	OF NO 14		- American In Vhita, etc.	dian,
	3 V Widowed 4 Divorced	1 120, 0170 18	An On DATES		''	YES 2 X NO	Specify	/:			Specify:	TTE	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			USUAL OCCUI			16b. KIN	D OF BUS	NESS/INDUS		. 112	
9	Elementary/Secondary (0-12)	College (1-4 or 5+	HAm.	. Do NOT u	se retired.)		19						
MP	6			CA	RPENTE	?			CON	ISTRUC	TION	J	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Middle	a, Maiden S	iumame)			
BE	JOHN W. FROCK							IE IRE					
	19a, INFORMANT'S NAME (Type/Print)							Poute Number, C			de)		
	NANCY L. SNYDER						ANEY'	TOWN, I	-	21787			
	1 X Burlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval Irom Stata	cemetery, cre	AND DATE	of disposition ther place) CEMET	(Name of		DATE		ATION City			
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEF /	U	NTON		ERY	00 OF 54	10/15	KEY	SVILL	E, M	<u>1ARYLA</u>	ND
	· D 1	100 11	1		22. NAM	E AND ADDRE	55 OF PAL		D. HA	ARTZLE	R &	SONS	
	and	rri- X	lan		P.0	BOX	249,	NEW W	INDS	DR. MD	217		
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that List only one cau	ceused the de	ath. Do r	not anter the	mode of dy	ing, suct	h ee cardiac	or respir	etory erresi	,		
	IMMEDIATE CAUSE (Fine)												
	disease or condition a. Respiratory Early												
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list condition DUE TO (OR AS A CONSEQUENCE OF): Charical Sequentially list conditions												
RTIFICATION	Sequentially liet conditions,												
	If any, leading to immediate ceuse. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury thet initieted events	DUE TO	OR AS A CONSEC	DUENCE OF	F):								
F	resulting in deeth) LAST	d.											
IEDICAL CERTIFICATION	PART II Other eignificant condition	o contribution to	death but and	4.1								1	
	PART II. Other eignificant condition				in the under	ying ceuse (given in I	Pert I. 24a.	PERFORM		AV	ALABLE PRIO	OT R
	Tak Clas	1.00	271-	7 ,	>			10	YES 2 [] NO		OMPLETION OF DEATH?	CAUSE
Σ											+ [YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL												
2	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Che	ock only one)					
TO BE COMPLETED BY PHYSICIAN: MEDICAL	1 VES 2 NO	1 Inpatient 2 I		DOA 28b, TIM			sidenca	6 Other (Spe					
	1 Netural 5 Pending	(Month, Da	y, Year)	IC. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?									
	2 Accident Investigation 3 Suicide	28s. PLACE OF		M I YES 2 NO				LOCATION (Steel and Museling of Day)					
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, lactory, office City or Town, State)												
9	29a. CERTIFIER												
COMPLETED BY		(Check only 1 California) Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and mannar as atsted. 29b. SIGNATURE AND TITLE OF CERTIFIER										atated.		
	290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year))			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAME	E OF DEATH STEE	M 27 Can	Print)	1 1)	17	177		10	211.	217/	
	8620 hBed	Lip Ce	Je Pr	20	C) Ro	Lok	1a Dl	ton	n	6.0	11:	32	
	31. DATE FILED (Month, Day, Year) ULI 16 '91	32. REGISTRAF	SIGNATURE	Mand	er.						-11		





							(91 29125		
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			NTAL HYGIEN REG. NO.	E `			
	1. DECEDENT'S NAME (First, Middle, Last)	od JOHN]	F. FLOOD,	SR.	2	MONTH DA				
				F UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH	91	IRTNPLACE (State or Foreign		
)	78-01-3651	∑ M 2 □ F	80 YRS.	ONTHS DAYS	HOURS MIN.	Nov. 1,	1910 V	Nashington,DC		
œ	90. FACILITY NAME (# not institution, give stree Greater Laurel I				R LOCATION OF DEAT	N	9c. COUNTY OF DEATN			
9	RESIDENCE OF DECEDENT	bertsville	поѕрттат	Lauı	тет		Prir	ice Georges		
DIRECTOR	Maryland Montgo	omery		silver S				10d. INSIDE CITY LIMITS? 1. YES 2 \(\square\) NO		
FUNERAL	10e. STREET AND NUMBER 11550 Stewart La	ne #506	·		ZIP CODE			OF WHAT COUNTRY?		
BY FUNI		2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2/ NO	If yes, spe	ENDENT OF NISPANIC city Cuben, Mexicon, I 2 NO Specify:		RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Speatly only highest grade co.		16e. DECEDENT'S US (Give kind of wo	rk done during mos	N It of working	18b. KIND OF BUS	ΥΥ			
APL	Elementary/Secondary (0-12) 1-12		Printe	er		Was	Star			
BE CON	17. FATNER'S NAME (First, Middle, Lest) Thomas F. Flood 16. MOTNER'S NAME (First, Middle, Melden Surname) Mary T. Carmody									
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2700 Shanandale Drive, Sil. Spr., Md. 20904									
	26r. METHOD OF DISPOSITION 11 Burlel 2 Cremetton 3 Remove 4 Donetton 5 Other (Specify)		ob. PLACE OF DISPOSIT other place) Fort Lin	ncoln ce	emetery crematory or	20c. LOCATION — City or Town, State Brentwood, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	MINGR			o Appress of Facilist Rinaldi N.H. Ave			id. 20904		
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate									
	IMMEDIATE CAUSE (Final									
	disease or condition a. Malignant Venticular Ayttmas But To (off As A consequence of):									
		DUE TO (OFF A	A CONSEQUENCE OF):		14.0000	Airon 1	. A	c .		
CERTIFICATION	Sequentially list conditions, b. Voscule Auste Mucandial (uparatio									
CAT	If any, leading to immediate cause. Enter UNDERLYING CALLER (CALCAL)									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR A	A CONSEQUENCE OF							
	resulting in death) LAST									
	PART II. Other significant conditions	contributing to death	but not resulting	the underlying	cause given in P			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Chance Os vaccive Valurarary Description of Cause of Death? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
MEC	Senil	e se	mentra	٩	1		_	1 YES 2 NO		
ä										
CIA		HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Chec	k only one)				
IYS	1 YES 2 SINO	1 Inpetient 2 ER/O			e 5 🗆 Reeldence 8		IN ILION OCCUPI	ED.		
	1 Natural 5 Pending	(Month, Day, Yea	RK?	28d. DEŞCRIBE HOW INJURY OCCURED						
ВУ	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route Number,		
TEC	4 Nomicide determined	building, etc. (3	респу			City or lown, State	,			
COMPLETED	(Criedic Only /	AN: To the best of my kr						ouse(e) end menner se stated.		
E CC	29b. SIGNATURE AND TITLE OF CENTIFIED	R			290 LICENSE NUMB	DER	29d. DATE SI	GNE® (Month, Day, Year)		
8	4.0	0 en	M.	15	2 24	721	> /	0/13/91		
5						*		4 1 1		

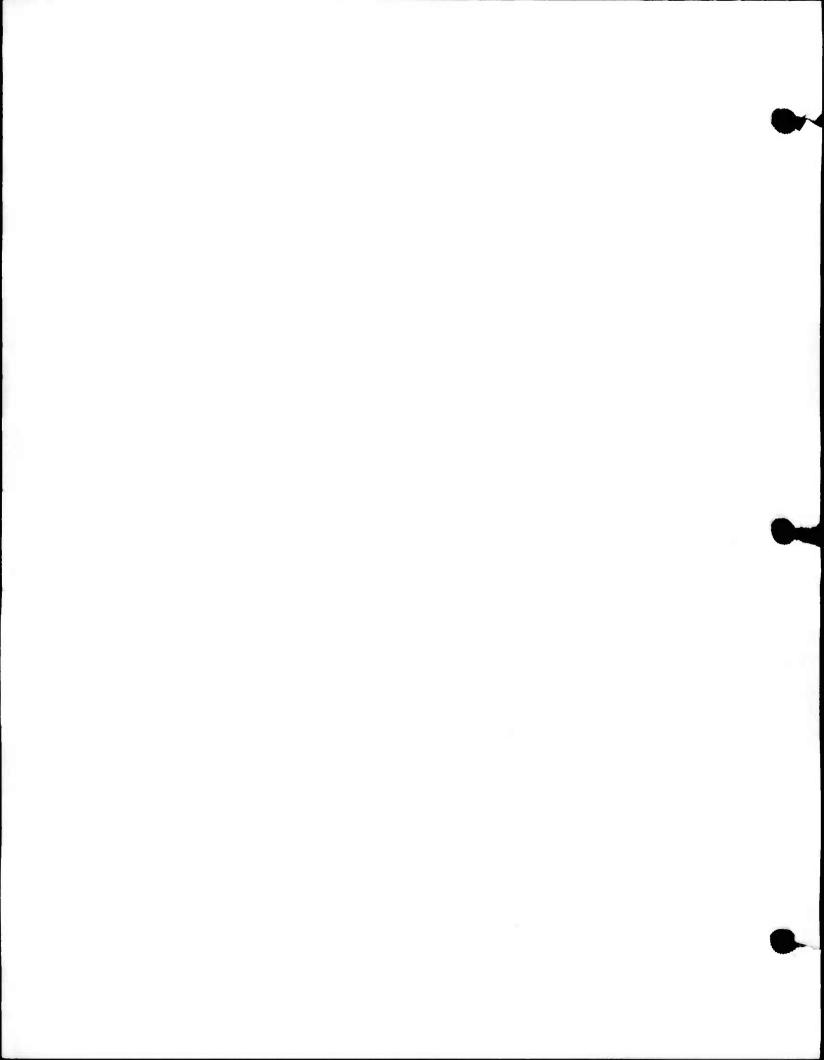
14800 4th. St., Laurel, Md.

Sadiq, Syed A. MD

32 REGISTERIR'S SIGNATURA

31. DATE FILED (Month, Day, Year)
OCT 15 '91

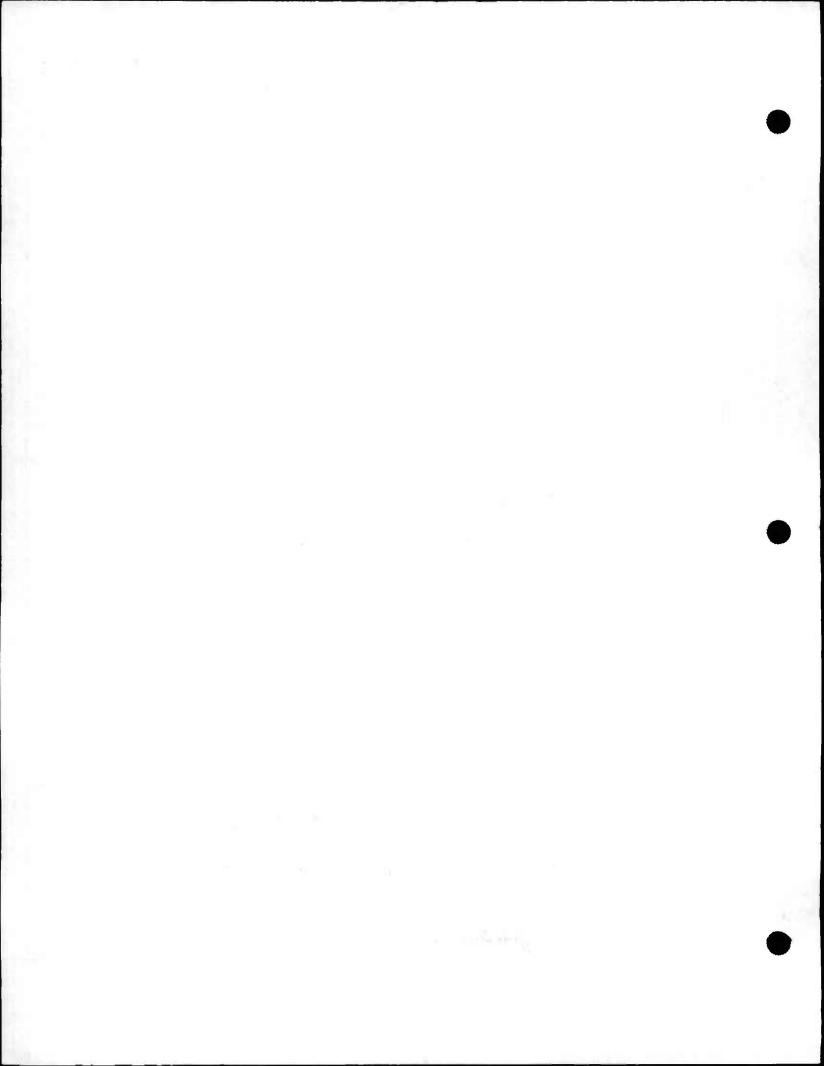
20707



TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MA	ARYLAND / DEPAR CERTIF	RTMEN	T OF H	DEAT	AND I	MENTA	REG. NO.			
1. DECEDENT'S NAME (First, YELIZABETA	Middle, Last)	FANKUKHIN	ΙA					2. DATE MONTO	OF DEATH DAY	19	EAR	3. TIME OF DEATH 8:55 A.M
4. SOCIAL SECURITY NUMB NONE	ER	5. SEX 6	DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTN h, Day, Year) 5/1901	- 0	B. BIRTNPLACE (State or Fo Country) LITHUANIA			
98. FACILITY NAME (If not in			ING CENTER			VILLE		ATN		sc. COUNTY		ATN OMERY
RESIDENCE OF DEC	10b. COUNT		10c. CI	ry, town	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
MARYLAND 10e. STREET AND NUMBER	MON	TGOMERY		ROCK		E I. ZIP CODI	E			10g. CITIZE		1 YES 2 X NO
15309 BITTE 11. MARITAL STATUS 1 Never Merried 2	Merried	12 WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES	13.	If yes, sp		F HISPAI	n, Puerto	Y? (Specify Yee Rican, etc.)	RUS or No — 14	RACE	— American Indian, White, etc.
3 Wildowed 4 Divo	rced EDENT'S EDU highest grade	ICATION	16a. DECEDENT'S (Give kind of life. Do NOT L	work done	OCCUPATION DURING MICHAEL	ON	_		. KIND OF BUS	INESS/INDUS		WHITE
Elementary/Secondary (0		College (1-4 or 5+)	HOME							OMEST	IC	
17. FATHER'S NAME (First, M BORIS C	HAIT					16. MOTI			Middle, Melden : SHAPIRO			
MORTON PERL		(NEPHEW)							NOTE OF TOWN			D 20853
20a. METHOD OF DISPOSITI X Burlal 2		noval from State	20b. PLACE AND DATE Of CHORES	E OF DIS	POSITION	(Name		DAT	E 20c. LO	CATION — CIT	y or Tow	rn, State
21. SIGNATURE OF FUNERA	Ky.	OENSEE	Lair .	D.	NAME A	NSKY-	ss of FA	DBERO		RIAL C	НАР	ELS, INC.
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	agrt fallure.	List only one caus	ceused the death. Do e on each line.	not ente	r tha mo	ode of dy	ing, aud	h aa car	diac or respi	ratory erres		Approximate interval Between Onset end Deet
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate iNG iry	b. DUE TO (C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	of): -/ O/ N/ of):								
PART II. Other algoritics	U YA L		HEWAT		inderlyin	ig cause	given in	Part I.	24a. WAS AN PERFOR 1 - YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 X NO	O MEDICAL	HOSPITAL:		Ο∓HΕ	R:	LACE OF D						
27. MANNER OF DEATH	Pending	26e. DATE OF I	ER/Outpatient 3 DOA NJURY 28b. TI (, Year)		28c. IN	JURY AT ORK?			SCRIBE NOW I	NJURY OCCU	RED	
2 Accident 3 Suicide a Nomicide	Investigation Could not be determined	28e. PLACE OF building, e	INJURY — At home, farm.					281. LO: C/t)	CATION (Street of or Town, State)	and Number of	Aural A	oute Number,
anal .			ny knowledge, death occur									end menner as atated.
29b. SKHAYOPE ANDTULE	C CERTIFIE	200	22	m	1)	29c LIC	ENSE NU	MBER 5	7			(Month, Day, Year)
30. NAME AND ADDRESS ON NAKUL GOYAL					. 01	INEY -	MD	208	332			
31. DATE FILED (Month, Day,	Ybar)		S SIGNATURE		, ,						_	

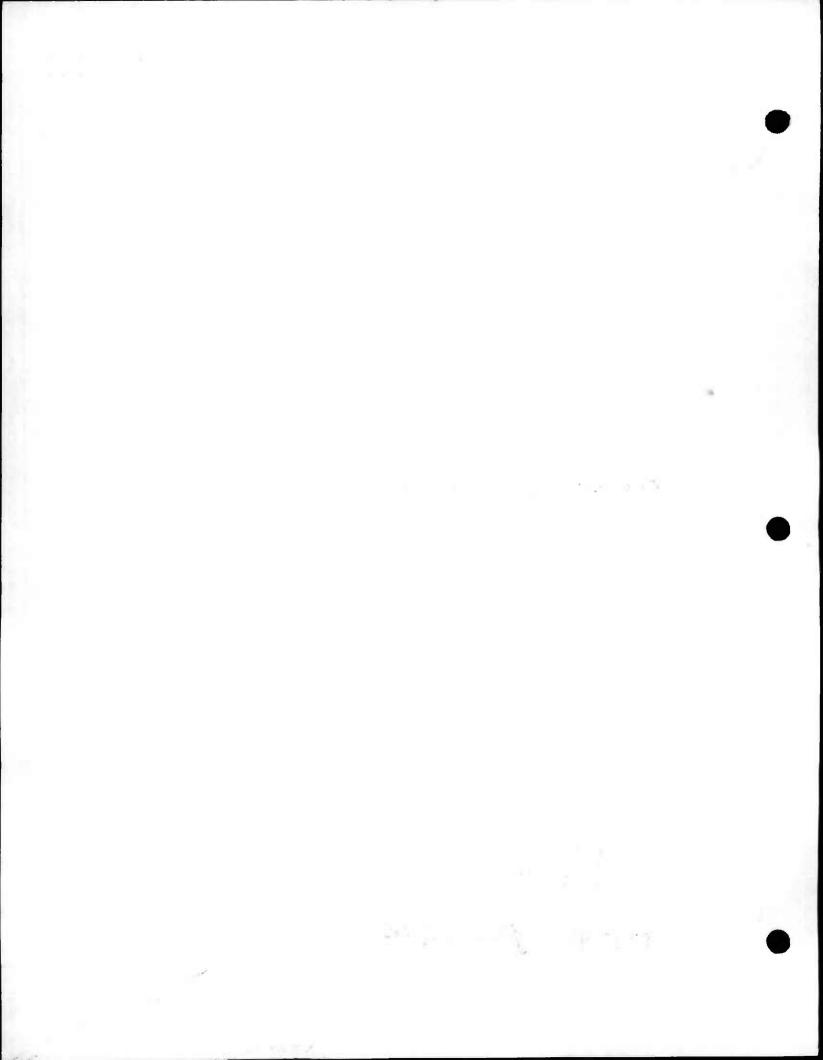


etache		nce.
9		10
Should t		tiffed a
5		J.
C Dad		st be
firecto		E
funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the	Mal.	10
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF MARY	YLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATN
\	Joanna Fragovannis			October 1	AY YEAR	9:15 AM
)	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN	B. BIF	TINPLACE (State or Foreign
	579-50-1758 1 M 2 🕮 F	62 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year) Aug. 29,	Cot	untry)
116463	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	reece DEATN
OH	335 West Edmonston Drive	All and	Rockville			
DIRECTÓR	RESIDENCE OF DECEDENT				Monto	gomery
H		10c. CITY, TO	OWN OR LOCATION			tod. INSIDE CITY LIMITS?
0	Maryland Montgomery	R	ockville			t TYES 2 NO
RA	SOUTH PROPERTY OF A STATE OF THE STATE OF TH		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	335 West Edmonston Drive		20852			d States
	t Never Married 2 X Married FORCES? t Y	ES 2 XNO	13. WAS DECENDENT OF NISPA It yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yes	or No- 14, RA	ACE American Indian, ack, White, etc.
В	3 Widowed 4 Divorced IF YES, GIVE WAR OF	POATES	t ☐ YES 2 NO Speci		Sp	ecity:
G	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USL	IAL OCCUPATION	16h KIND OF BUI	SINESS/INDUSTRY	White
ET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working	TOO. KIND OF BO.	MINESS/INDUSTRY	
9	12	Day Care	Assistant	Day	v Care	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden		
BE C	George Angelopoulos			Available	Comuney	
	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING ADI	DRESS (Street and Number or Rural		n State 7in Code)	
٥	Peter Fragoyannis		sted Stalk Dri			MD 20878
	20g, METNOD OF DISPOSITION t IX Burial 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF D	SPOSITION (Name of		CATION — City or	
	4 Donation 5 Other (Specify)	cemetery, cremetory or other p Parklawn Me	morial Park 10			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00381	22. NAME AND ADDRESS OF FA	ICILITY	VATITE,	Maryland
	▶ Barbara Jo Mc Mullen to	whence	22. NAME AND ADDRESS OF FA Robert A. Pum Rockville, In	phrey Funer	cal Home st Monto	omerv
	23. PART I. Enter the diseases, or complications that cause		TIVETILLE, KOCKA	TITE. Marv	land 20	850-2805
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	toma Multif		on as cardiac or reapi	ratory arrest,	Approximata Interval Between Onset and Daath 10 months
CERTIFICATION	ii ally, laeding to immedieta	S A CONSEQUENCE OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury					
Ë	that initiated eventa DUE TO (OR AS resulting in death) LAST	S A CONSEQUENCE OF):				
5	d					
CAL	PART II. Other significant conditions contributing to death	but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN PERFOR t TYPES 2	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MED						t TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (C)			
200	EXAMINER? HOSPITAL:		HER:			
Ĕ	1 PES 2 NO 1 Inpatient 2 ER/O		Nursing Nome 5 X Residence	1-2-27		
	1 X Natural 5 Pending (Month, Day, Year		WORK? M 1 YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED	
B	2 Accident Investigation 3 Suicide Could not be 28s. PLACE OF INJU	RY — At home, farm, street				
COMPLETED	8 Could not be detarmined building, stc. (S)	pecify)	, tactory, office	28t. LOCATION (Street a City or Town, State)	nd Number or Rura	I Floute Number,
Ä	29e. CERTIFIER (Check only (Check only)	owledge death server dat			Y 4	
Š	(Check only one) MEDICAL EXAMINER: On the beat of my kn					
	29b. SQUATURE AND ATTLE OF CENTER.					
# H	110 00111111111111111111111111111111111		29c. LICENSE NUI		29d. DATE SIGNE	ED (Month, Day, Year)
임	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Since 200	D08813	3	Octo	ber 10, 1991
		GNATURE STREET	, N.W., #7, Wa	shington,	D.C. 20	0037
	OCT 11 '91 Julia Davi	GNATURE POINTER				

DNMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last,												
Euc		Elmer	. F	isch	er		MON	tobe	ATH DAY	199	ARI I	5:10 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER 24 HRS		E OF BIR		8. BI	RTHPL	ACE (State or Foreign
047-26-1007	1 🛛 💥 2 🗌 F	56	YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, 1 7 2.0	, 1935		ountry) 3.5.5.8	chusett
9e. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	, TOWN OF	R LOCATION OF				OUNTY C	_	
Montgomery Gener	ral Hospi	tal			Olne	ev			Mc	ontgo	omer	-77
RESIDENCE OF DECEDENT						-1			- 110		ome 1	- 1
10e. STATE 10b. COUN	TY		10c. CIT	TY, TOWN C	OR LOCATIO	ON					10	d. INSIDE CITY LIMITS?
Maryland Mont	gomery		Si	lver	Spri	ing					11	YES XXXNO
10e. STREET AND NUMBER		- 8			101.	ZIP CODE			10g.	CITIZEN	OF WHA	T COUNTRY?
8708 First Avenu	e, Apt.	111				20	910			U	J.S.	Α.
11. MARITAL STATUS 1 Never Married 2XXMarried 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 3 IF YES, GIVE V 1962-19	XX YES 2	DND		If yes, spec	ENDENT OF HISI city Cuben, Mex 2XXNO Spe	Ican, Puert	ilN? (Spec o Rican, e	city Yea or No- etc.)		RACE Black, W Specify:	American Indian, white, etc. White
15. DECEDENT'S ED	UCATION	164	. DECEDENT'S	USUAL O	CCUPATION	N	10	Bb. KIND	OF BUSINESS	/INDUSTE	TY.	
(Specify only highest grad Elementary/Secondary (0-12)	college (1-4 or 5	4)	(Give kind of life. Do NOT u	work done se retired.)	during most	t of working	τ	J.S.	Gover	nmen	it	
aretherial procedurally (0-12)	5+	"	Dent	ist			I	ept	. of V	eter	ans	Affair
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	NAME (First	, Middle	Maiden Surnam	10)	_	
Elmer	Emil		Fis	cher		Rose					gru	cci
19a, INFORMANT'S NAME (Type/Print)					S (Street on	nd Number or Rur	al Route No	mber Cir.	or Town Chin			
Margaret P. Fisc	her					enue, A						20910
		864 54						-		-	_	J.
20e METHOD OF DISPOSITION 1A2Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)				Heave	en Ce	emetery			Silver			, Maryla
21. SIDNATURE OF FUNERAL SERVICE L	C. So-	0	M0052	22. F	Rober Rockv	D ADDRESS OF	mphr Lnc	ey 30	Funera West	l Ho	me tgo	mery 50-2805
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Muta	state	i Ch	clas	reir	carci	en or	na				
disease or condition resulting in death) Sequentially list conditions,	b		HISEOUENCE C	OF):	ngir	carci	in or	na				
disease or condition resulting in death)	b	(DR AS A CO	HSEDUENCE C	OF):	rgii	Carci	in or	na				
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A CO	INSEDUENCE C	OF): OF):				24a.	WAS AN AUTOP PERFORMED? YES 2XXNC		CC	Onset and D
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	b. DUE TO c. DUE TO d one contributing to	(OR AS A CO	INSEDUENCE C	OF): OF):	nderlying		in Part I.	248.	WAS AN AUTOP PERFORMED?		CC	DMPLETION DF CAUS F DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions.	b	O (OR AS A CO	INSEDUENCE CONSEDUENCE CONSE	OTHE	nderlying 26. PL/R:	cause given	In Part I,	24a. \\1 1 _ one)	WAS AN AUTOP PERFORMED? YES 2XXNC		CC	Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	b. DUE TO c. DUE TO d	death but of the control of the cont	INSEDUENCE CONSEDUENCE CONSEDU	OFF:	28. PL	Cause given ACE OF DEATH 5 □ Residence	in Part I,	24a. \\ 1 _ one) ther (Spec	WAS AN AUTOP PERFORMED? YES 2XXNC	•	CC OI	Onset and D
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diesase or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the conditions of	DUE TO DUE TO d. HOSPITAL: XX Inpatient 2 25a. DATE Of (Month, 4)	death but of the control of the cont	INSEDUENCE CONSEDUENCE CONSEDU	OTHE	26. PL/R: rsing Home	Cause given ACE OF DEATH 5 G Resident JRY AT	in Part I,	24a. \\ 1 _ one) ther (Spec	WAS AN AUTOP PERFORMED? YES 2XXNC	•	CC OI	Onset and D
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diesase or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the conditions of	b. DUE TO d. DUE TO d. HOSPITAL: XX Inpatient 2 25e. DATE Of (Month, in the content)	De Control of Control	INSEDUENCE CONSEDUENCE CONSEDU	OTHEL	26. PLIR: R: ruling Home 28c. INJU WO' 1 □ Y	ACE OF DEATH 5 G Resident URY AT RES 2 NO	(Check only be 6 Ot 28d. D	24a. 1 1 □ one) her (Spec	WAS AN AUTOP PERFORMED? YES 2XXXNO YES 2XXXNO HOW INJURY	OCCURE	AN CC OI	Onset and D ONSET AND STATE ERE AUTOPSY FIND MILABLE PRIOR TO OMPLETION DF CAU T DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diesase or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are substituted in the conditions of the conditions	b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: XX Inpatient 2 25e. DATE Of (Month, in the content of	death but of the control of the cont	INSEDUENCE CONSEDUENCE CONSEDU	OTHEL	26. PLIR: R: ruling Home 28c. INJU WO' 1 □ Y	ACE OF DEATH 5 G Resident URY AT RES 2 NO	In Part I, (Check only) 26d, 0	24a. 1 1 □ one) her (Spec	WAS AN AUTOP PERFORMED? YES 2XXNO	OCCURE	AN CC OI	Onset and D ONSET AND STATE ERE AUTOPSY FIND MILABLE PRIOR TO OMPLETION DF CAU T DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO C. DUE TO d. DUE TO d. DUE TO DOI: 10 DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DU	death but in the second of the	onseduence of the second of th	OTHE	26. PL/R: raing Home 28c, INJ/WOF 1 U Y Votory, office time, date	ACE OF DEATH 5 F Resident DITY AT RK7 ES 2 NO	in Part I, (Check only to 6 Ot 28d, D 28l, L(C)	24a. 1 1 □ one) ther (Species-CRIBE	WAS AN AUTOP PERFORMED? YES 2XXNO Sity) HOW INJURY (Street and Nur n, State)	OCCURE	AN CC OI 1	Onset and D Onset
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation and Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) 1 NECERTIFYING PHY one) 2 MEDICAL EXAMINERS	DUE TO d. DUE TO d. HOSPITAL: XIX Inpatient 2 28a. DATE Of (Month, I	death but in the second of the	onseduence of the second of th	OTHE	26. PL/R: raing Home 28c, INJ/WOF 1 U Y Votory, office time, date	ACE OF DEATH 5 G Resident URY AT RK? 2 NO and place, and cleant occured et	In Part I, (Check only) 26 6 Ot 281, L(24a. 1 1 □ one) ther (Species-CRIBE	WAS AN AUTOPPERFORMED? YES 27 TANC Street and Num (Street and Num 7, State)	OCCURE	AN CC OI 1	Onset and D Onset
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dieseas or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the conditions of	DUE TO C. DUE TO d	COR AS A CO DO (OR AS	INSEDUENCE CONSEDUENCE CONSEDU	OTHE UT OTHER DURY M street, fee	26. PL/R: raing Home 28c, INJ/WOF 1 U Y Votory, office time, date	ACE OF DEATH 5 F Resident DITY AT RK7 ES 2 NO	in Part I. (Check only be 6 Ot 28d. D 28d. L(C) 28d. L(C)	24a. 1 1 □ one) ther (Species-CRIBE	WAS AN AUTOPPERFORMED? YES 27 TANC ONLY (Street and Num , State) and manner as lace, and dua	OCCURE mber or Ri stated. to the car	AN CC OI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onset and D Onset
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20+

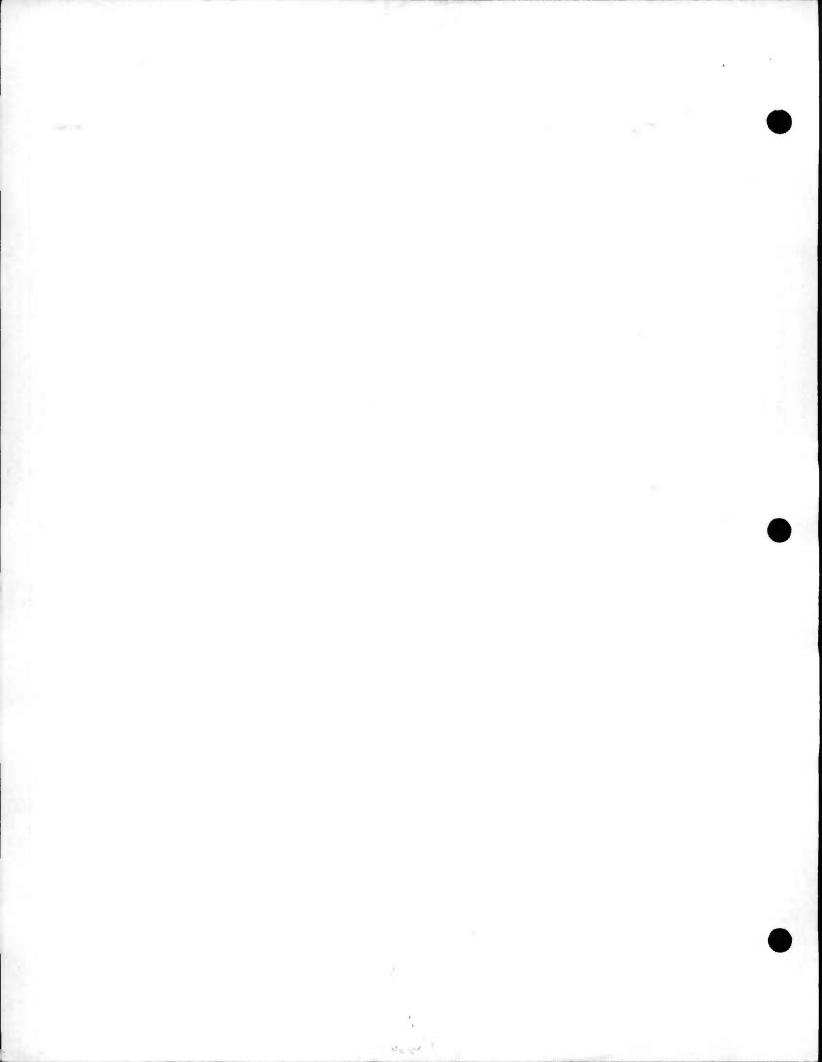
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.	f.,
TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	3 sho
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

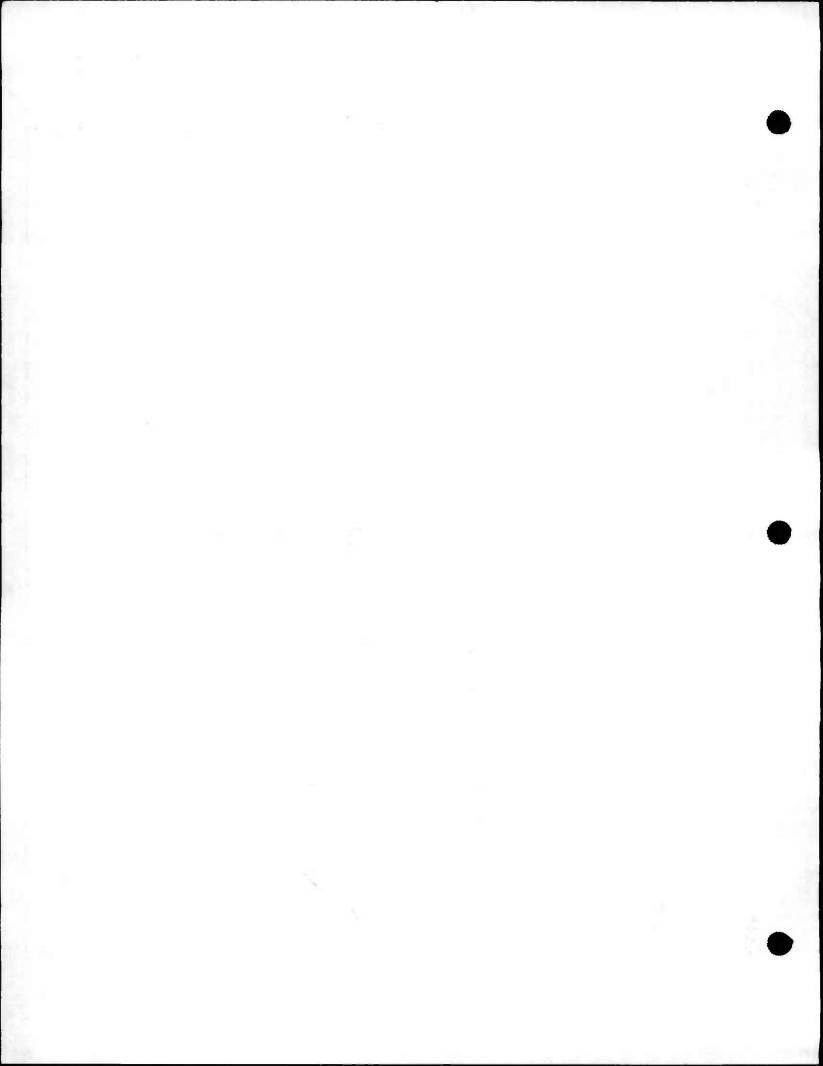
	REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF OEATH
	BEATRICE				FALLE	4/	MONTH 10	DA		YEAR	234/ W
1	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. les		IF UNDER 1 YEAR		7. DATE OF		3		IPLACE (State or Foreign
	053-07-0615	1 M 2 XXF	79		MONTHS DAY	1	(Month, 0	lay, Year)	12	Count	eland
	9e. FACILITY NAME (If not institution, give s.	treet end number)			9b. CITY, TOW	OR LOCATION OF O	EATH		9c. COUN	TY OF D	PEATH
OR	Shady Grove Adven	tist Hosp	ital		I	Rockville			Mon	tgom	ery
5	RESIDENCE OF DECEDENT										
DIRECTOR	New York Na	ssau			rooklyi						10d. INSIDE CITY LIMITS? XX YES 2 NO
اب	10e. STREET AND NUMBER					10f, ZIP CODE			10g. CITIZ	ZEN OF	WHAT COUNTRY?
FUNERAL	1383 East 59th S					11234				U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR		13. WAS I	ECENDENT OF HISPA specify Cuban, Mexic	NIC ORIGIN?	Specify Yea	or No-	14. RAC Blac	E Americen Indien, k, White, etc.
ВУ Р	1 Never Merried XX Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA				ES 2 XXO Speci		an, attaj		Spec	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUP	TION most of working	18b. K	IND OF BUS	SINESS/IND	USTRY	
	Elementery/Secondery (0-12)	College (1-4 or 5+)	Ilfo.		e retired.) auticia			На	ir sa	alor	
N C	17. FATHER'S NAME (First, Middle, Last)			Det	ducicie	18. MOTHER'S N	AME (First Mid			4101	
ŏ	Thomas		Hark	in		Cathe		ard, marcon		McGc	oldrick
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number	City or Town	n, State, Zip	Code)	
2	Thomas Fallon		1	.383	East 59	th Stree	t, Bro	oklyn	, Ne	w Yc	ork 11234
	201 METHOD OF DISPOSITION 2 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE other pl St. C	of dispos harl	es Ceme	cemetery, cremetory or etery			cation —		own, State l, New York
	21, SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	O, MC	0522	ROD ROD ROC	AND AODRESS OF FUT A PUT VILLE, I	mphrey	Fune	ral M	Home	
	23. PART I. Entef-the-diseasee, or abock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only one caus	se on each line	9.		Shock		-177			Approximate intervel Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	· Acute	OR AS A CONSE	OUENCE OF	and inter	A Di	NA SEA	nct se.	107	и	
	PART II. Other significent condition	na contributing to	death but not	resulting	in the underl	Ing ceuse given i	n Part I. 2	4e. WAS AN		24	b. WERE AUTOPSY FINDINGS
EDICAL		_						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă							— I	YES)	CIQ/No		OF DEATH?
M							_ 1			1	1 TYES 2 NO
ä											
<u>×</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH	check only one)				
S	1 Tes 2 Xio	HOSPITAL: tXXinpatient 2 □	ER/Outpatient	DOA	OTHER: 4 Nursing	Iome 5 🗆 Residence	6 🗆 Other	Specify)			
PHYSICIAN:	27. MANNER OF OEATH 1 🖄 Metural 5 🗆 Pending	28s. DATE OF (Month, Da		26b. TIM	E OF 28c.	INJURY AT WORK?		RIBE HOW	INJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of building.	F INJURY — At he atc. (Specify)	ome, farm,				ION (Street Town, State,		r or Rurai	Route Number,
ETED	4 Homicide datermined										
COMPLET	(Check only one) 2 MEDICAL EXAMIN										(e) and menner ea stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIE					29c. LICENSE N	UMBER		29d. DAT	E SIGNE	D (Mogth, Day, Yeer)
2	JO. NAME AND ADDITESS OF PERSON WI	HO COMPLETED CAUS	SE OF DEATH //TE	M 27) (Type	, Print)	19074	.>		1 /	713	7/7/
	1	sher	15225	5 Sh	Ady .	GROVE R	D a	OCK	Will	e,	Md.
	31. DATE FILED (Month, Day, Year)	Juna Da	Added A	dell							

		mater .		
	A . 11 .			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	sandonaut. It is. 90 is marked or item 23 shows any injury or other frammatic avent the medical ay
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	** ,	C	ERTIF	ICATE (OF DEA	ГН	REG. N			1 TIME OF DEATH
					thers			10 -1	3 2	YEAR	a. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 066-10-4435	5. SEX ₩XM 2 □ F	6. AGE (In yrs. le 96	YRS.		NYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/8/18	395	Countr	IPLACE (State or Foreign ny) Orgia
~	9a. FACILITY NAME (If not institution, give					WN OR LOCATI		EATH	9c. COUN	ITY OF D	EATH
DIRECTOR	Mallard Bay Nu	rsing H	ome		Ca	mbrid	lge		De	orc	hester_
	10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
	Maryland Dor	chester		C	ambri	.dge					14 YES 2 NO
AL	10e. STREET AND NUMBER					10f. ZIP COD			10g. CITIZ	ZEN OF	WHAT COUNTRY?
EH	520 Glenburn	Avenue				2	161	3		U	S
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X XYES 2	RMED NO	If ye		in, Maxica	NIC ORIGIN? (Specify 1 in, Puerto Rican, atc.) y:	Yes or No—		E-American Indian, k, Whita, atc. White
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give kind of v	USUAL OCCU	PATION og most of world	na	16b. KIND OF E	SUSINESS/IND	USTRY	
4	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT us			- N/	/T	D. 1.1.	- D	-1-+
COMPLET	12		AS	St.	Adver		_			C R	elations
	17. FATHER'S NAME (First, Middle, Last)	on Est	hersto	~				ME (First, Middle, Meidle	en Surnama)		
BE	Thomas Nels 19a. INFORMANT'S NAME (Type/Print)	on rec			ADDDESS (S)			n Cook Route Number, City or T		0.41	
2	Thomas H. Feth	oreton						Baldwin			1510
i			20h BLAC		E OF OISPOSI		u.		LOCATION —		
	20a. METHOD OF OISPOSITION 1 □ Burial 2 X X remation 3 □ Rer 4 □ Donation 5 □ Other (Specify)	noval from Stata	of cemetar	y, crematory	or other place			40 41		-	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- I Sal	ISDU	IV CI	ematc) T V				A & TIME
					22. NA	ME AND ADDRE	SS OF FA	CILITY			
- 1	▶ # InT	V.			The	me and addre	une	ral Home	Э		
	23. PART I. Enter the diseases, or	Ames	at coused the d	leath. Do r	22. NAM Tho 700	me and addre omas F Locu	une st	cuty ral Home St. Camb	e oridge	e,	Md. 2161
	23. PART I. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications the	use on aech lin	sla.	The 700 not anter the	ME AND ADDRE	une une st	cuty ral Home St. Camb	e oridge	e,	Md. 2161 Approximate Interval Between
THE ICALION	ahock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition	complications the List only one cau	se on sech lin	SLOC EQUENCE OF	22. NAI The 700 not anter the Core	ME AND ADDRE	une une st	ciuty ral Home St. Camb h as cardisc or res	e oridge	e,	Md . 2161 Approximate Interval Between Onset and De
MEDICAL	ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST PART II. Other significant conditions	complications the List only one cause. Dur to b. Dur to d	O (OR AS A CONSI	EOUENCE OF	22. NAI Th C 700 not anter the COY	ME AND ADDRESS FOR	ess of fa une st st ve	Part I. 24a. WAS.	e oridge	e,	Md . 2161 Approximate Interval Betwee Onset and De Zad
MEDICAL	ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Organic	complications the List only one case of the Court of the	O (OR AS A CONSI	EOUENCE OF	22. NAI Th C 700 not anter the COY	ME AND ADDRESS FOR	ess of FA	Part I. 24a. WAS. PERF	e oridge apiratory srr ailur	e,	Approximate interval Betwee Onset and Dei Zal
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PHYSICIAN: MEDICAL	ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Organic 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO 27. MANNER OF DEATH 1 Natural 5 Pending	complications the List only one cau e. Dur to b. Dur to d. Dur to d. Brain HOSPITAL: 1 Bringstient 2 (Morth, C	O (OR AS A CONSIDER OF CONSIDE	EOUENCE OF TOURNESS OF THE PROPERTY OF THE PRO	22. NAI Th C 7 0 C	ME AND ADDRED MAS FOR LOCUS mode of dy property for the control of	given in	Part I. 24a. WAS. PERF	e oridge apiratory arrangements and autropsy connects are also also and autropsy connects are also and autropsy connects are also and also are also and autropsy connects are also and also are also and also are also and also are also and also are also also also and also are also also also also also also also also	e, lost, e	Approximate interval Betwee Onset and Dei Zal
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BY PHYSICIAN: MEDICAL	ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAD 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29e. CERTIFIER Check only 1 CERTIFYING PHY	complications the List only one case e. Dur to b. Dur to d. Dur to d. Brain HOSPITAL: 1 13 Inpettent 2 1 28e. PLACE (building,	O(OR AS A CONSIDERATION OF INJURY — At 1 of Injury — At 1	EOUENCE OF COUNTY OF THE COUNT	22. NAI Th C 7 0 C not anter the C C O T F): F): In the under the Under th	AE AND ADDRED MAS FOR ADDRESS	given in	Part I. 24a. WAS. Pert I. 24a. WAS. Pert I. 24a. WAS. Pert I. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert II. 25a. WAS. Pert III. 2	AN AUTOPSY FORMED? 2 J. MO W INJURY OCCUPATION	e grant, e 24k	Approximate interval Betwee Onset and Det Z.J. D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart feilure IMMEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAD 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29e. CERTIFIER Check only 1 CERTIFYING PHY	complications the List only one cau e. Dur to b. Dur to d. Dur to d. Brain HOSPITAL: 1 Binpatient 2 [28e. PLACE of building, SICIAN: To the best of a	O(OR AS A CONSIDERATION OF INJURY — At 1 of Injury — At 1	EOUENCE OF COUNTY OF THE COUNT	22. NAI Th C 7 0 C not anter the C C O T F): F): In the under the Under th	AE AND ADDRED MAS FOR ADDRESS	given in	Part I. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED? 2 1 10 W INJURY OCCUPATION OF THE PROPERTY	CURED con Rural ted.	Approximate interval Betwee Onset and Dea Z.J. were autopsy finding Amalable Prior to Completion of Cause of Death? 1 Yes 2 No



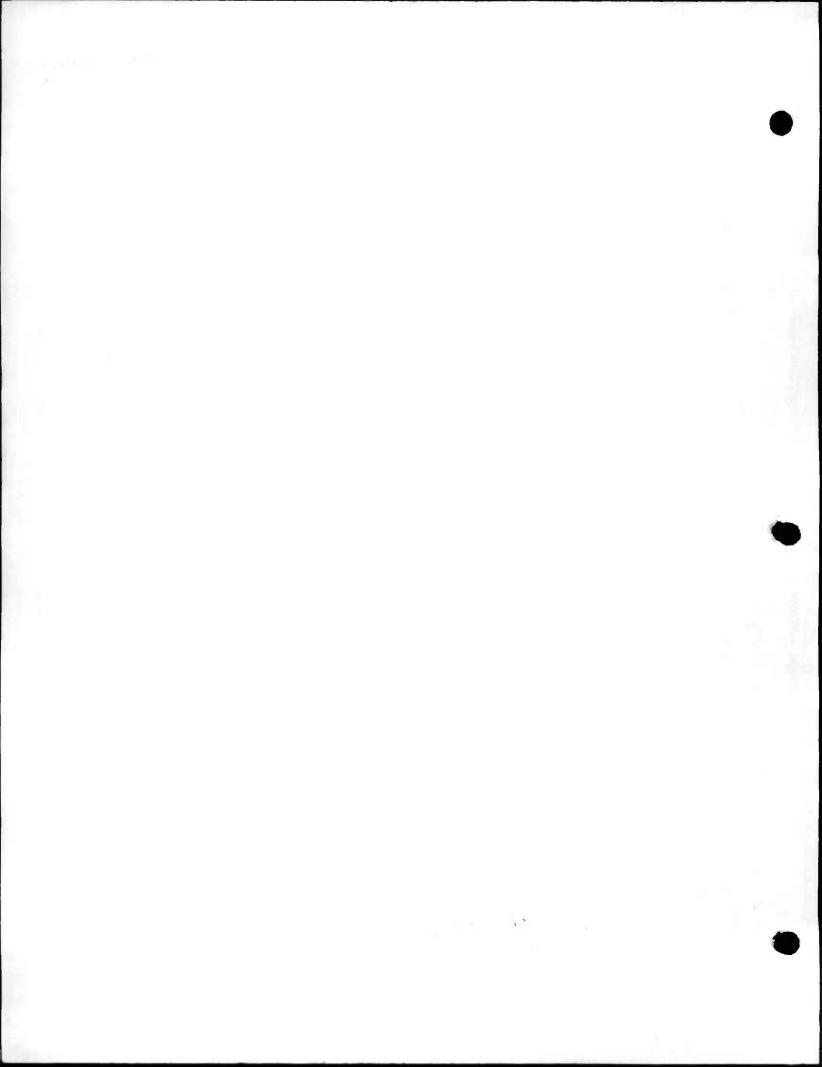
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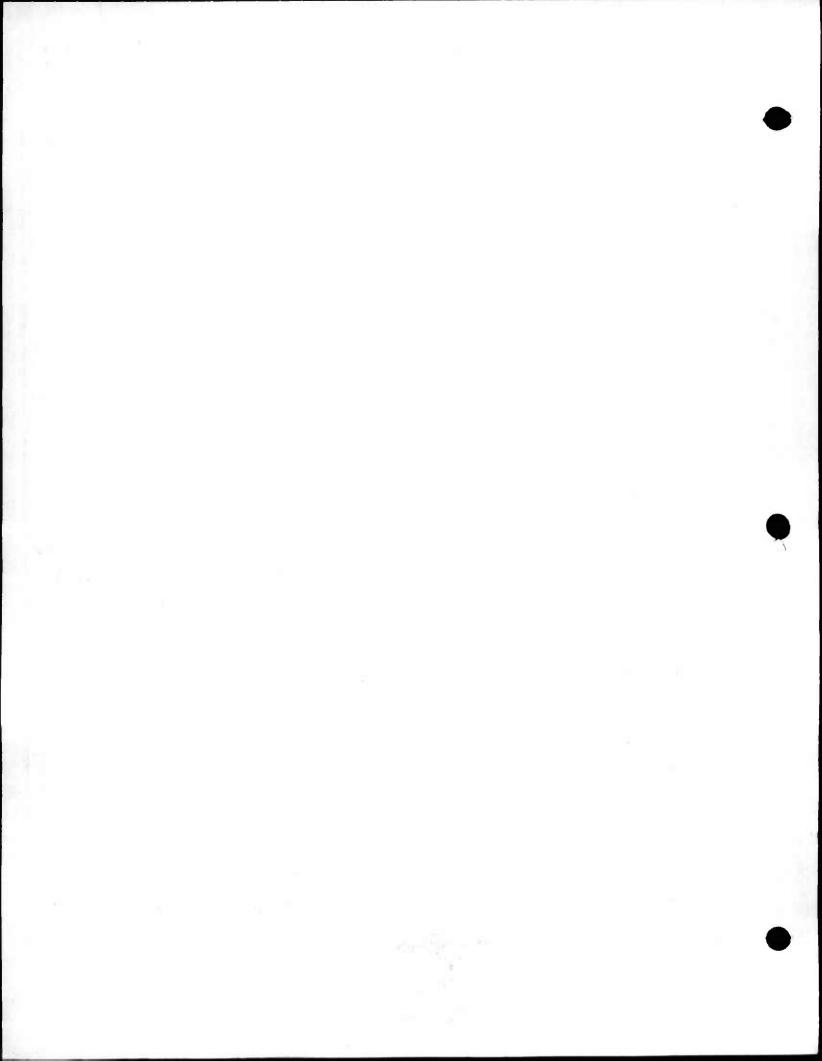
1	-	FOR STATE REGISTRAR

REGISTRAR		CENTIFIC	ALE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) THOMAS	JOSEPH	FAG	AN	2. DATE OF DEATH	199/E	ar 3. TIME OF DEATH
10	5. SEX 6. AGE		FUNDER 1 YEAR IF UNDER 24 INTHE DAYS HOURS A	MN. (Month, Day, Year)	0	SIRTHPLACE (State or Poreign Country)
701-00 0701	2 7 70			Sept. 30,		
9a. FACILITY NAME (If not institution, give stre		91	b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY	OF DEATH
4601 N. Park Aven	ue		Chevy Chase		Mont	gomery
RESIDENCE OF DECEDENT						
Maryland Mon	tgomery		evy Chase			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
4601 N. Park Aven	ue, #708		20815		U.S	.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 ☒ YES IF YES, GIVE WAR OR D W.W.11	2 NO	13. WAS DECENDENT OF I If yes, specify Cuban, i 1 YES 2X NO	IISPANIC ORIGIN? (Specify Yellands) Maxican, Puerto Rican, atc.) Specify:		RACE — American Indian, Black, White, etc. Specify: nite
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU		
Elementary/Secondary (0-12)	College (1-4 or 5 +)		k done during most of working etired.)			
12		procuren	ent officer			titute of Hea
17. FATNER'S NAME (First, Middle, Last)			16. MOTHER	'S NAME (First, Middle, Malden	Sumame)	
Philip J. Fagan			Grac	e Elizabeth	Fuller	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD		Rural Route Number, City or Tow		le)
Margaret A. Fagan		4601 N.	Park Ave. #	708, Chevy C	hase. N	Md 20815
20a. METHOD OF DISPOSITION 1 N Burial 2 □ Cremetion 3 □ Remo	200	. PLACE OF DISPOSITI	ON (Name of cemetery, cremato	ry or 20c. LC	CATION - City	
1 Buriel 2 Cremetion 3 Removed 4 Donation 6 Other (Specify)	val from State	other place) t. Olivet	Comotory	Mac	hingtor	n, D.C.
21, SIGNATURE OF FUNERAL SERVICE LICE		. Olivet	22. NAME AND ADDRESS			
De Adams	aul.			Devol	Funeral	
Lewina	O' Bau		2222 Wiscon	sin Ave., N.W	.,Washi	ington, DC
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS)	A CONSEQUENCE OF):	cot Conquet	heart dries	rco	25 gens
PART II. Other significant conditions	contribution to doubt i		the and date are a state	- 1- B-41 4		
Branche	asth.	out not resulting in	the underlying csuae give	en in Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEA	TN (Check only one)		
	HOSPITAL: 1 Inpution 2 ER/Out		THER: Nursing Home 5 - Resid	ience 6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE OF INJURY building, atc. (Spe	f — At home, farm, stre	m 1 1E3 2 F	281. LOCATION (Street City or Town, State		Rural Route Number,
4 Nomicide detarmined				, , , , , , , , , , , , , , , , , , , ,		
one)				nd due to the cause(e) and me at the time, deta and place, a		use(s) and manner as stated.
29h DONATURE AND TITLE OF CERTIFIER	. 02	20	29c. LICENS	SE NUMBER	29d. DATE SI	GNED (Month, Day, Year)
TO NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27), (Type, Pr	int).	600	1 190	6, 1971
JOHN F-BRENNA		3415 HAM	ILTEN ST. MY	ATTSVILLE,	M. 2	0782
31. DATE FILED (Month, Day, Year)	32. PGLYPADADA	THE PARK OF	-			

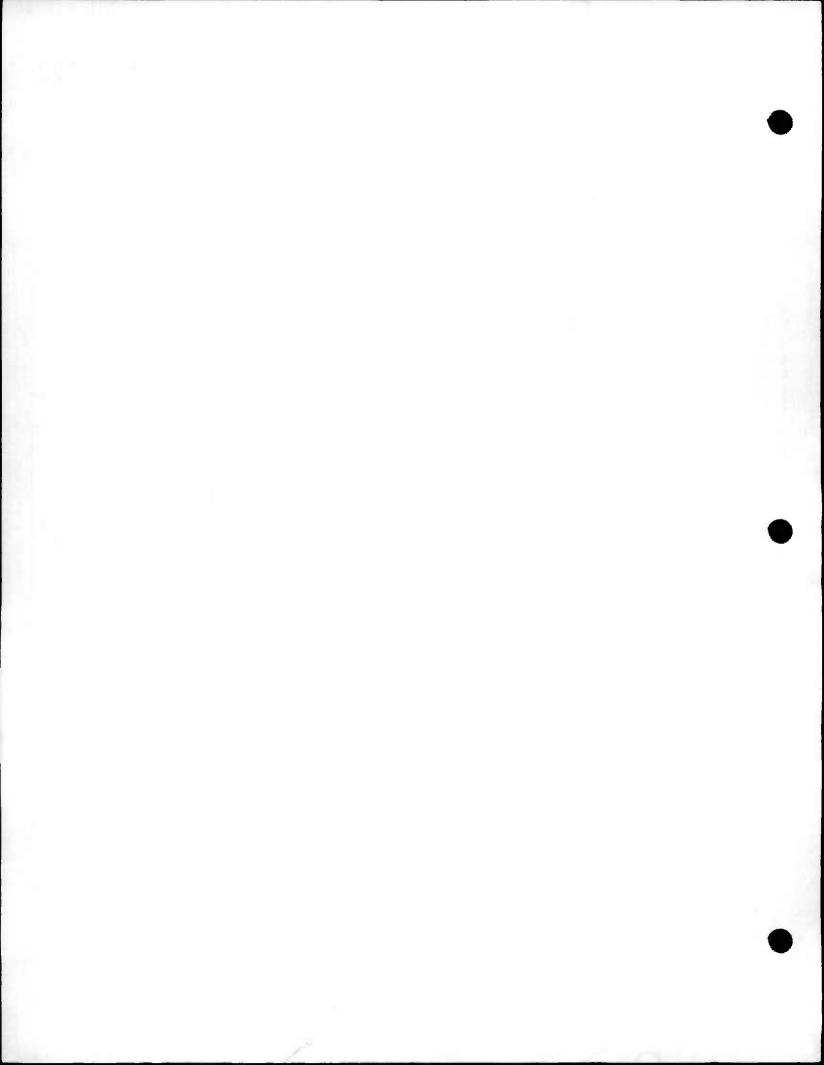


DIVISION OF VITAL RECORDS, P.O. BOX 68766, 1

	1 - STATE REGISTRAR	STATE OF N	MARYLAND (/ DEPAI	RTMEN	OF H	EALTH DEAT	AND N		HYGIEN REG. NO.	E			
		A. GAR	TH SI	R.					2. DATE OF MONTH	DEATH DA	1991	EAR 3	2:30	D D
1	4. SOCIAL SECURITY NUMBER 579-24-8327	5. SEX	6. AGE (In yrs. 65	lesi birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS, MIN,	7. DATE OF (Month, D Dec 2	anc Year)		Country)	ACE (State or For	eign
) B	9e. FACILITY NAME (If not institution, git THE JOHNS HI RESIDENCE OF DECEDENT	OPKINS HOS	PTIAL			LTIN	ORE	ON OF DE	ATH		9c. COUNTY BALT			
DIREC	10e. STATE 10b. COU				ry, TOWN								Od. INSIDE CITY	
	100. STREET AND NUMBER 9525 Tippett La			l Ga	ithe	101	ZIP CODE					OF WH	TES 2 X X	10
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. / X YES 2 MAR OR DATES	ARMED NO		MAS DEC	20879 ENDENT O Hothy Cuber 2 X NO	F HISPAN	IIC ORIGIN? (S	Specify Yes on, atc.)		RACE -	States - American India White, etc.	٦,
ETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION		DECEDENT'S (Give kind of life. Do NOT u	USUAL Owork done	CUPATIO	ON st of workin	g			States	TRY	White	
COMPL	17. FATHER'S NAME (First, Middle, Last)	1		sista	nt D.	irec		IER'S NAM		spect	ion Se			
TO BE	19e. INFORMANT'S NAME (Type/Print)	Barth (W.S.)					Va(Sarrat		atwole n, State, Zip Coo			_
	Virginia W. Gar 20e. METHOD OF DISPOSITION 1		20b. PLAC	EAND DATE	ther place)	TION (Na			DATE		CATION — City			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE R PL.		<u>urban</u> 100827	22. Ra	ADD	Fune:	ral S	servic	es,	ver Sp P.A. ring,		20910	
CERTIFICATION	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Brain DUE TO L. Subar	A HEY (OR AS A CONS	Miat ECOUENCE O	hem	OVV	hag	C					Approximal Interval Bel Onset and 2 4 h	Dea
MEDICAL CE	PART II. Other eignificent conditions Previous My	ione contributing to	deeth but not	arc f	In the un	derlying	ceuse g	iven in F		PERFORI	WED?	CC	ERE AUTOPSY FINI MILABLE PRIOR TO DMPLETION OF CA F DEATH?	USE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	:			ck only one)					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da	NJURY ny, Ybar)	28b. TIM	E OF URY M	28c. INJU WOF 1 Y	IRY AT				JURY OCCUR	ED		
ETED	3 Suicide 8 Could not be determined	uniquity, i	FINJURY — At h						City or To	wn, State)	nd Number or R	lural Flout	e Number,	
COMPL	(Check only	SICIAN: To the best of on NER: On the basic of ex	my knowledge, d	death occurre	n, in my o	inton, de	ath occure	d at the ti	lme, date end	place, end	due to the ce			led.
TO BE	Michael (THO COMPLETED CAUS	E OF DEATH (IT	N 27) (Type,	Print)		0 4	100	41 41		▶ 10.	-12	onth, Day, Year)	
	31. DATE FILED (Month, Day, Year)	e Stree 32. REGISTRAF		lexe	v 8.	-13	Î.	Ba/	timo	re,	11)	21	205	,
	OCT 15 '91	Greha Da	vidson 18	afric.			_						DHMH-t6 I	_



	1, DECEDIBIT'S NAME (First, Middle, Les	CONDALE	GONZALEZ			2. DATE DF DE	ATH BAY	year 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX) 8. AG	(In yrs. lest birthday)	F UNDER 1 YEAR		7. DATE OF BIR	TH (har)	BIRTHPLACE (State or Foreig Country)
	213-06-4935		79 YRS.	MONTHS DAYS	HOURS MIN.	11-30-		Columbia
1-1	9a. FACILITY NAME (If not institution, give	re street and number)		9b. CITY, TOWN	DR LOCATION OF	DEATH	9c. COUN	TY OF DEATH
RECTOR	12630 Viers	Mill Rd.,		Roc	kville,	Md.	Mor	ntgomery
0	10a. STATE 10b. COU		10c. CF	Y, TOWN DR LOC	ATION			10d. INSIDE CITY
* 뜸	Maryland M	Montgomery		Rockvil	1e			LIMITS?
¥	10s. STREET AND NUMBER			1	of, ZIP CODE		10g. CITIZ	EN DF WHAT COUNTRY?
띪	12630 Viers	Mill	#1704				Perm	nanent reside
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Diverced	12. WAS DECEDENT EVER FDRCES? 1 YE IF YES, GIVE WAR DR	S 2 70	If yes, i	ECENDENT OF HISP specify Cuben, Mex ES 2 NO Spe	ANIC DRIGIN? (Specican, Puerto Rican, a colly: Columbi	ntc.)	14. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S E		18a, DECEDENTS	USUAL OCCUPAT	TION		OF BUSINESS/INDU	
ETED	(Specify only highest gri Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during t	nost of working	10.00	-	
립	1-12	4 years	Civil	Enginee	r	Zi	V Cola	unbia
COMPL	17. FATHER'S NAME (First, Middle, Last)	7			7	NAME (First, Middle,	Maiden Surname)	
ш	Abel Gonzal	lez.				Cle1	ia Salaz	ar
일	19a. INFORMANT'S NAME (Type/Print) Livia Mitche					errace,	or Town, State, Zip	Code)
must be	20s. METHOD OF DISPOSITION 1 To Burial 2 Cremetion 3 R	lemoval from State	20b. PLACE OF DISPO	SITION (Name of c	cemetery, cremetory of	r :	20c. LOCATION — C	ity or Town, State
Ē	4 Donation 5 Dother (Specify)				en Cemet		Silver S	Spring, Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/ -		AND ADDRESS OF	FACILITY li Funera	1 Home	
examiner	· (Into	8 111	land					ing, Md. 209
ry, or other traumatic event, the medicel	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	S A CONSEQUENCE (OF):	portel			Onset and
eny injury,	PART II. Other significant condit	tions contribution to desti	hut not regulting	In the underly	lan namen ahan	In Book Late 1	WAS AN AUTOPSY	Last were summer on
MEC	A 2	one what				- 1	PERFORMED? YES 3 ND	24b, WERE AUTOPSY FIN MAILABLE PRIOR TI COMPLETION DF CA DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL	L		26.	PLACE OF DEATH	'Check only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0	Outpetient 3 DOA	OTHER:	10	e 6 ☐ Other (Spec	offy)	
	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	YY 28b. Ti	ME OF 28c. I	NJURY AT WORK? YES 2 NO		HOW INJURY OCC	URED
			JRY — At home, farm,	street, factory, of	fice	281. LOCATION City or Town		or Rural Route Number,
ED BY	3 Suicide 6 Could not 4 Homicide determined	building, etc. (S	фисту)					
em 28 is men	3 Suicide 4 Homicide 6 Could not determined 29e. CERTIFIER (Check only	building, etc. (S	owledge, death occur					
28 Is mer	3 Suicide 4 Homicide 6 Could not determined 29e. CERTIFIER (Check only	HYSICIAN: To the best of my kn HINER: On the basis of examine	nowledge, death occur ation and/or investigat	ion, in my opinion		the time, data and p	face, and due to the 29d. DATE	



TO BE COMPLETED BY FUNERAL DIRECTOR

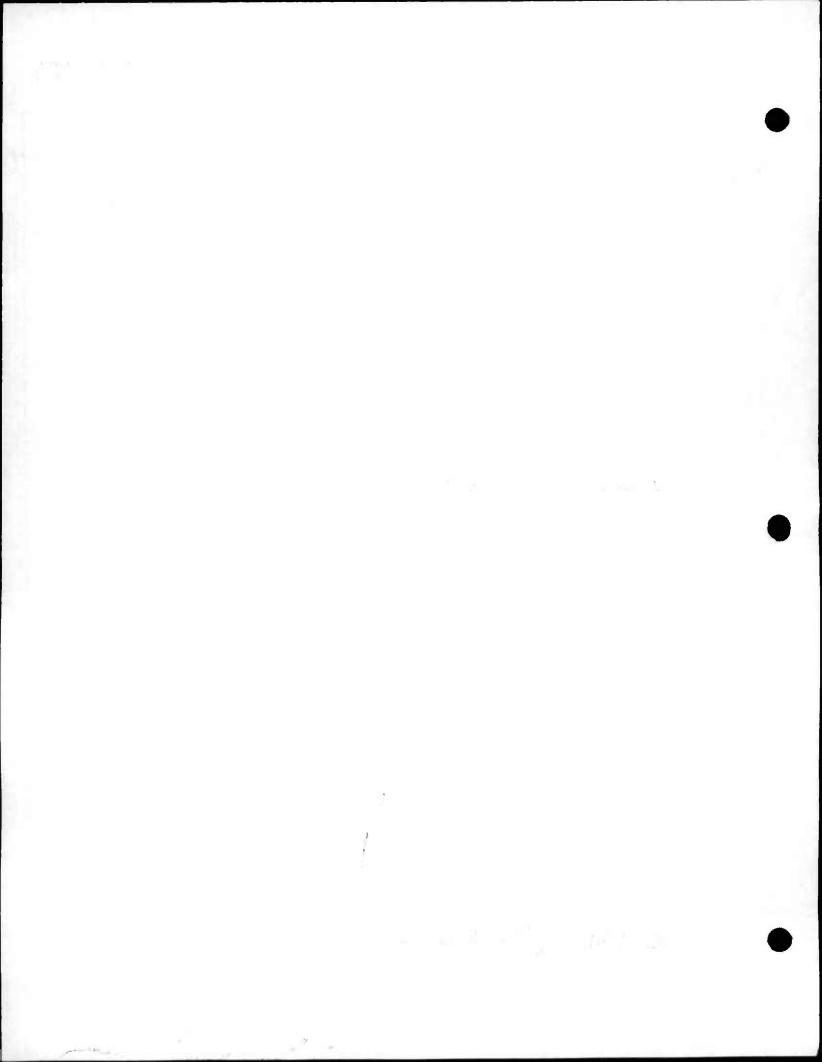
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

DEG NO.

REGISTRAR		CERTIF	FICATE	OF DEATH		REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATN		3	. TIME OF DE	ATH
E. Evelyn	Grew	ell			Octo		B, 199	YEAR	8:15	A W
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)			IRS. 7. DATE OF	F BIRTN		a. BIRTNPL	ACE (State or I	Foreign
522-10-6903	1 □ M 2 🕸 F	76 YRS.	MONTHS D	DAYS HOURS MI	1914.	Day, Year)	- 1	Country)		
90. FACILITY MAME IN not institution, give.	strant and nutr'	70	9b. CITY, TY	OWH OR LOCATION O	JSEPL. OF DEATH	. 8,	1915 9c. COUN	COLO		
Suburban Hospit							90. 000	III OF DE.	T to	
RESIDENCE OF DECEDENT			Ве	ethesda			Mo	ntgo	nerv	
10s. STATE 10b. COUNT	Y	10c. CI	ITY, TOWN OR L	LOCATION				te	0d. INSIDE CIT	ry
Maryland M	ontgomery	,	Rockvi	110					LIMITS?	
10e. STREET AND NUMBER	511090		KOCVAT	10f, ZIP CODE			T 100 CITIZ		AT COUNTRY?	-
1003 Welsh Dri	***						109. 011.2	ZER OF WILL	AI COUNTRIA	
11. MARITAL STATUS		T EVER IN U.S. ARMED	T 42 MM	20852		- 4 1	Uni		States	
1 Never Merried 2 Merried	FORCES? 1	YES 2 TO NO	If ye	S DECENDENT OF NIS	lexicen, Puerto Ric	(Specify Ter	s or No-	14. RACE Black, V	- American Ind White, etc.	ilen,
3 X Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	1[]	YES 2 X NO SE	pecify:	200		Specify:		
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	1 1000 IAU01		Tage is	DI	1		White	1
(Specify only highest grade	e completed)	(Give kind of	f work done durin	UPATION ing most of working			JSINESS/INDU			
Elementery/Secondary (0-12)	College (1-4 or 5+)	, , , , , , , , , , , , , , , , , , , ,	ise reureu.)		1	Montg	omery	Cour	nty	
	5+	Теа	cher				c Sch	ools		
17. FATNER'S NAME (First, Middle, Lest)				18. MOTNER'S	'S NAME (First, Mio	idle, Maiden	Sumeme)			
	loway			E	lizabeth	n	Miln	e		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (S	Street and Number or Ru						
John D. Grewell				Street, S					3 200	220
20s. METHOD OF DISPOSITION 12. Burlet 2 Cremetion 3 Rem		20b. PLACE AND DATE	E OF DISPOSITIO	ON (Name of	DATE		OCATION - C			110
1. Buriel 2 Cremetion 3 Rem 4 Donalion 5 Other (Specify)	oval from State	cemetery crematory or	other piecel		1					
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Parklawn 1								
		M00381								
Darbara Jomo	- mullen	Jawhence	Roci	ert A. Pu kville, I nue, Rock	inc, 30)0 We	st Mo	ntgom	ery	_
23. PART I. Enter the diseases, or o	complications thet	caused the death. Do	anter th	ilue, noci	ATTIE,	Мату.	Lanu	2005		
shock, or neert lendig.	Liet Dnly Dne ceus	se on each line.	Unt siles ""	/ mode or uymay, .	SUCH BE CHANG	C Dr reap	iratory arre	eat,	Approxim	
IMMEDIATE CAUSE (Finel disease or condition									Onsat an	
resulting in death)	· Sep	OS AS A CONSEQUENCE OF							med	Cers
	DUE TO (OR AS A CONSEQUENCE C	JF):						1	1
Temperaturou validado y	n ma	lnesty. fr	on						3	4.0
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE O	JF):						3 me	4107
cause. Enter UNDERLYING	. mal	alsorph	br 5	nonde	on o				China	1
CAUSE (Disease or injury that initiated events	DUE TO (f	OR AS A CONSEQUENCE O	OF):	7	O Phrasillana				7000	N/
resulting in deeth) LAST										
	d								-	
PART II. Other algnificent condition	a contributing to d	jeeth but not reculting	In the under	rlying cause giver	n In Part I. 2	4e. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY F	INDINGS
chronic of	monts	e long a	V. 200			PERFOR	RMED?	AM	MPLETION DE	OT F
			67 Drevec	2	',	X YES 2	l 🗌 NO		DEATH?	CAUSE
								1	YES 2 X	No
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE DF DEATN	(Check only one)					
1 TES 2 THO		ER/Outpetlant 3 DOA	OTHER:	Home 5 - Residen	nce 8 🗆 Other (Soecify)				
27. MANNER OF DEATH	28a. DATE OF IN		ME OF 28c	c. INJURY AT			INJURY OCCL	IRED		
1 Natural 5 Pending	(Month, Day,	; Year) IN-	JURY	WORK?		MB-L 114	Noon Co.	JHED		
2 Accident Investigation 3 Suicide B Could set be	28e PLACE OF	INJURY Al home, ferm,	_							
4 Nomicide 6 Could not ba	building, ef	itc. (Specify)	atreet, ractory,	office	28f. LOCATI City or	ION (Street e Town, State)	end Number o	v Rural Route	e Number,	
29e. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of it	ny knowledge, death occurr	red at the time,	date end place, and	dua to the cause	(e) end mar	nner se sister	4		
one) 2 MEDICAL EXAMINE	R: On the basis of exa	amination end/or investigation	on, in my opini	ion, death occured at	the lime, date or	of place, er	of the to the	on control of	d mannet ee e	-444-44
29b. BIGNATURE AND TITLE OF CERTIFIER						d piace, t				
290. SIGNATURE AND TITLE OF CENTRES	000	0		29c. LICENSE	NUMBER		29d. DATE	SIGNED (Mo	onth, Day, Year)	
CEC TO	ttee			D3:	3443		> 8	De	J-91	1
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type								-
Alan R Pal	lade n	no 80	ig Vi	ersM.1	1/ Rel	Coc	buil	le 21	0851	
31. DATE FILED (Month, Day, Year)	39. REGISTRAR	'S SIGNATURE								
OCT 1 1 10 4	Chillia Nain	don handelle								
DL1 1 1 9 1	Dance bette	4.444.4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								

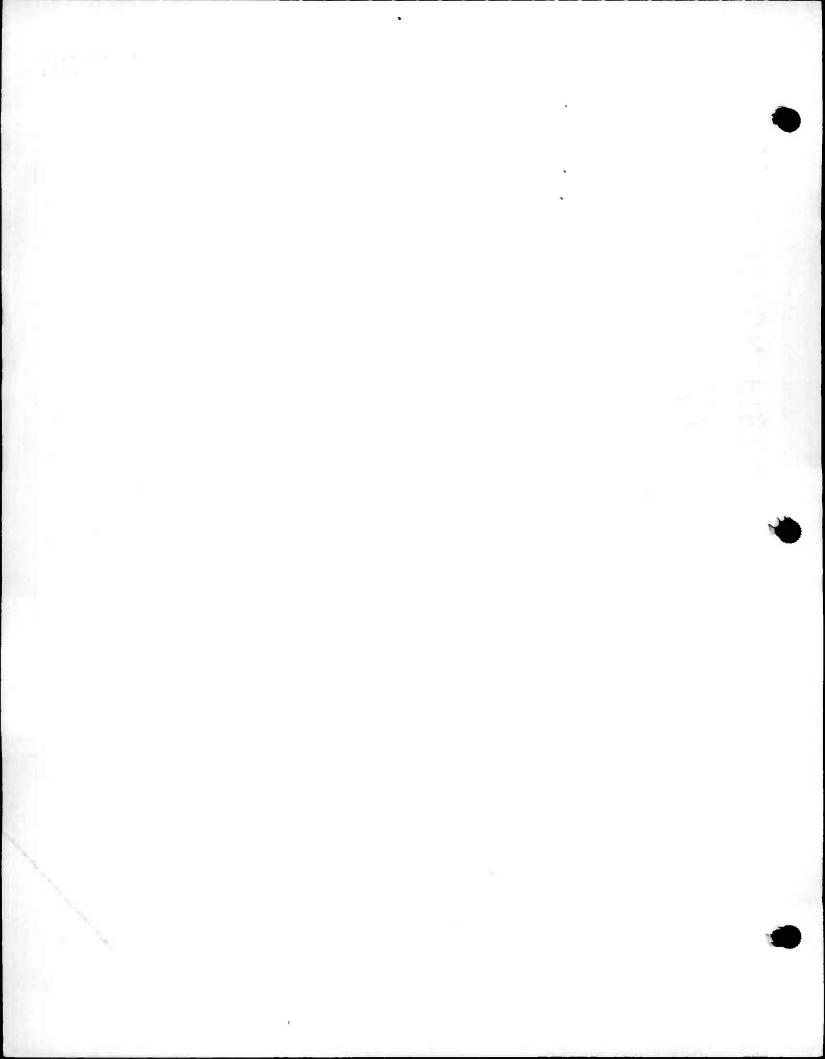


	REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last	()		CERTIF	TUATE	UF	DEA	H	1.00	REG. NO),		
	Donelso	n	Cafferv	G	Lassie					MON		YAY	YEAR	3. TIME OF GEATH
	4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.		ober 8	, 199		1:30
1	578-50-947	2	1 🔀 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)	1000	Countr	Y)
J	9a. FACILITY NAME (If not in	nstitution, give	street and number)	02		9b. CITY	, TOWN	OR LOCATI	ION OF D	L NO	v. 22.	9c. COUN	Was.	hington,D
5	3807 East	West :	Highway			C	hevv	Cha	se			Moi	ntao	mery
DIMECIO	RESIDENCE OF DEC	10b. COUN	ITY		10c. Ci	ry, town o						1 110		
5	Maryland	Moi	ntgomery		1									10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Che		hase				10g. CITIZ	EN OF W	1 X YES 2 NO
	3807 East	West	Highway					20	815			Uni	ted	States
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED	NT EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIG	IN? (Specify Yas		14. RACE	— American Indien, t, White, etc.
	3 Widowed 4 Divo			WAR OR DATES				5 X NO			ricen, atc.)		Speci	ry:
	15. DEC	EDENT'S ED	UCATION	184	. DECEDENT'S	USUAL O	CCUPATIO	ON		1 10	b. KIND OF BU	SINESS (IND)	ICTRV	White
	(Specify only Elementary/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u	work done o	during mo	st of working	ng	1 "	o. KIND OF BU	SINESS/INDI	JOINT	
			4		Engine	er/Ov	vner				Concu	lting	Di.	NC 500
	17. FATHER'S NAME (First, M.	liddle, Lest)							HER'S NA	ME (First,	Middle, Maiden			
	Henry	Н.	Glass	ie				G	ertr	ude	Ca	affery	7	
	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	(Street a	nd Number	r or Rural	Route Nur	mber, City or Tow	vn, State, Zip	Code)	
	Claire B. G		9		3807	East	Wes	t Hi	ghwa	y, C	chevy C	hase.	Mar	cyland 20
	20a. METHOD OF DISPOSITI	n 3 🗆 Rer	moval from State	cemeter	ACE AND DATE y, crematory or c	of DISPOS other place)	ITION (Na	me of	10	/100	7E 20c. LO	CATION — C	lify or To	wn, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		ICENSEE		tgomer				m, I	nc.	Bet	hesda	, Ma	ryland
		-	-	0 M	00381	66.	NAME AN	D ADDRE	SS OF FA	CILITY				
		(In TV)	m. 000			RO	ober +ho	t A.	Char	phre	y Fune	eral E	lome,	۷
		1	icmullen	daw	unce	Be A	ethe venu	sda- e, B	Chev ethe	phre y Ch sda,	ey Fune nase, I MaryI	eral H NC land	755 208	7 ₄ Wiscons 14-3501
	23. PART I. Enter the di	Iseeses, or	/ /	of aw/	ence	Be A	the mo	sda- e, B	Chev ethe	phre y Ch sda,	ey Fune lase, I MaryI	eral H NC land Iratory arre	755 208	Approximete
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin	iseeses, or eert fellure.	complications the	of aw/	ence	A A Note and a note a note	the mo	sda- e, B	Chev ethe	y Ch sda,	ey Fune hase, I MaryI rdlec or reepl	eral H NC land	755 208	Approximete Interval Betv
	23. PART I. Enter the di shock, or he	iseeses, or eert fellure.	complications the	at ceueed the	dence s death. Do line.	not enter	the mo	sda- e, B	Pum Chev ethe	phre y Ch sda,	ey Fune lase, I Mary I	eral H INC Land Iratory arre	fome 755 208	Approximete Interval Bets
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition	iseeses, or eert fellure.	a. Myoca1	at ceueed the use on each	s death. Do line.	tion	the mo	de of dy	Ing, auc	h aa ce	rdiec or reepi	eral F NC and Iratory arre	fome, 7555 208	Approximete Interval Bets Onsat and D
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	isceses, or cert fellure.	a. Myocar DUE TO	at ceueed the use on each	s death. Do line. Infarct NSEQUENCE OF	tion	the mo	de of dy	Ing, auc	h aa ce	rdiec or reepi	eral F	Tome, 755 208	Approximete Interval Bets Onsat and D
	23. PART I. Enter the dishock, or he immediate CAUSE (fin disease or condition resulting in death) Sequentielly list condition and if any, leading to immediates. Enter UNDERLY!	liseeses, or eert fellure. asi	a. Myocar DUE TO b. Corona	at ceueed thuse on each	s death, Do line. Infarct NSEQUENCE O	tion f): clero	the mo	Hear	Ing, auc	h aa ce	rdiec or reepi	eral F INC Land Iratory arre	Tome, 755, 208;	Approximate interval Betwoen Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Consat and Cons
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leading to immac cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated eventa	dons, dists	a. Myocar b. Corona DUE TO Arteri	at ceueed thuse on each	s death, Do line. Infarct NSEQUENCE O COSIS,	tion F): Clero	the mo	Hear	Ing, auc	h aa ce	rdiec or reepi	eral Finc Inc Inand	Iome, 755 208	Approximete Interval Betw Onsat and D I hour
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	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injurthat initiated evental resulting in death) LAST	iseeses, or eert fellure.	a. Myocar DUE TO b. Corona DUE TO c. Arteri DUE TO	at ceueed the use on each cidial con as a column arry Art (OR AS A COLUMN (OR	s death. Do line. Infarct NSEOUENCE O COSIS, NSEOUENCE O	tion fi: clero fi: Gene	tic	Hear	rt D:	isea	se	Iratory arre	eet,	Approximete interval Betwoen and Date of the consett and Date of the Consett a
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF H	REALTH AND M	ENTAL HYGIE REG. N		1 65	1135
		1. DECEDENT'S NAME (First, Middle Last)	S. Gra	21/			2. DATE OF DEATH	27 (YEAR 3. TH	NE OF DEATH A
(F		4. SOCIAL SECURITY NUMBER 577-09-25/4 Paa. FACILITY NAME (If not institution, give	1 XM 2 🗆 F	89 YRS. MONTH	ITY, TOWN	OR LOCATION OF OEAT	7. DATE OF BIRTH (Month, Day, Year) 3-21-	02 . 9c. COUN	SCO+	(State or Foreign
permit. Pages	AL DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland 10a. STREET AND NUMBER	Montgomery	10c. CITY, TOW	N OR LOCA		oung		10d, I	NSIDE CITY IMITS? YES 2 X NO
020 physician. burial-transit	BY FUNERAL	12608 Turkey Bra: 11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWIdowed 4 Divorced	nch Parkway 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp	20853 CENDENT OF HISPANIC ecity Cuban, Maxican, 2 NO Specity:	ORIGIN? (Specify Y Puarto Rican, atc.)	Unit	ed Stat 14. RACE — Am Black, White Specify:	ces perican Indian, n, etc.
D 21 spital or ed for u	COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 1.2	CCATION 9 completed) College (1-4 or 5+)	6a. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire) Meat Ct	ne during mo d.)	DN st of working	166. KIND OF B	usiness/indu		
IARYL tained by should be tiffed at	TO BE CO	17. FATHER'S NAME (First, Middle, Last) John Gray 19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRI	ESS (Street a	18. MOTHER'S NAME He	len Shiel	ds	Code)	
ALTIMORE, N death. Page 6 may be re threat director, page 5 examiner must be no	T	Nancy Gray Wyne 20a. METNOD OF DISPOSITION 1.X. Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	12608 Tur	ckey I	Branch Par	DATE 200. L 4/91 RO JTY Robert , Inc.,	ockvili ocation - c ckvill A. Pu 300 W.	le, MD	yland Funeral omery
d 50, ed within 24 hours afti ompletely filled in by 1 II, cremation, or remo event, the medica		23. PART I. Enter the dieeeses, or shock, or heart feilure. IMMEDIATE CAUSE (Finei diseese or condition resulting in death)	List only one cause on each	he deeth. Do not ent h line. happy etc.	er the mo	de of dying, such :	sa cerdisc or resp	piretory arre	eat,	Approximate interval Between Dinast and Death
th certificate be ending physician I Hygiene prior to	ERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO. DUE TO (OR AS A CO. d.							
recording vequires that the been signed by the t. of Health and M shows any inje	MEDICAL C	PART II. Other significent condition	as contributing to death but	not resulting in the	underlying) ceuse given in Pa	PERFO	RMED7	AVAILA COMPL OF DE/	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE NTN?
PHYSICIAN: The this certificate hi with the State C	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Day, Year)	ent 3 DOA 4 N	ER: ursing Hom 28c. INJ WO	RIC?		INJURY OCCU	JRED	
OR ATTENDING IN DIRECTOR: After hours after death	етер ву	3 Suicide 4 Nomicide 29a. CERTIFIER 3 Calent 1 Investigation 8 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)		actory, office		81. LOCATION (Street City or Town, State)		mber,
THE HOSPITAL O THE FUNERAL D filed within 72 ho	SE COMPL	(Check only 1 X CERTIFYING PNYSI	CIAN: To the best of my knowledge on the basis of examination and	ge, death occurred at the	o time, data opinion, de	and place, and due to eath occured at the tim 29c. LICENSE NUMBE	e, data and place, a	nd dua fo fhe	d. cause(a) and mi SIGNED (Month,	
2 SPANI	TO B	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	13 /	P125	04 B. H	10 leda	110 /9	2814
		31. DATE FILED (Month, Day, Year)	329 REGISTRAR'S SIGNATU	15 - L. 00.		- (00) / 10	9-11			

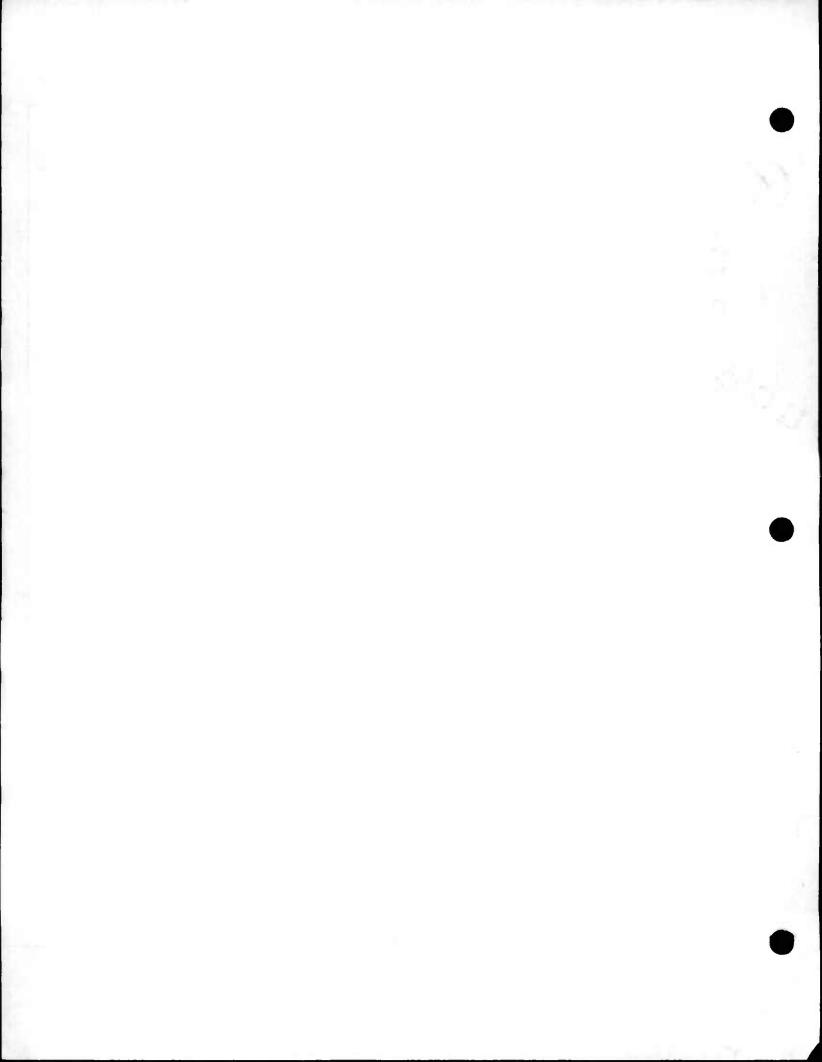
REGISTRAR		CERTI	FICATE	OF DE	ATH	REG	S. NO.		
1. DECEDENT'S NAME (First, Middle, Las		OEBEL				2. DATE OF DEA	DAY	YEAR 199	3. TIME OF DEATH 2:30 P
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde)			DER 24 HRS.	7. DATE OF BIRT	TH	8. BIRTH	IPLACE (State or Foreig
214-36-2810	1 🗆 M 2 🔀 F	104 YRS.	MONTHS	DAYS HOUR	MIN.	SEPT.			USTANA
9a. FACILITY NAME (If not institution, give	e Street and number)		9b. CITY,	TOWN OR LOC	ATION OF D			COUNTY OF	V. M. Albania
SYLVAN MANOI	R NURSING	HOME	ST	LVER	SPRIN	C	1	10NTGO	MEDV
RESIDENCE OF DECEDENT					OI KIN			TONTGO	
MARYLAND PR			CITY, TOWN C						10d. INSIDE CITY LIMITS?
	INCE GEORGES		LAURE						1 YES 2 NO
100. STREET AND NUMBER 7234 CARRIAGE	HILL DRIVE			101. ZIP C			10g		WHAT COUNTRY?
					20707			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ER IN U.S. ARMED YES 2 X NO OR DATES			uban, Maxic	NIC ORIGIN? (Spec an, Puarto Rican, a fy:		9— 14, RAC Blec Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S E		16a. DECEDENT	T'S USUAL O	CCUPATION		16b. KIND	OF BUSINES	S/INDUSTRY	
(Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	of work done of use retired.)	during most of wo	orking				
12	ETCMI VIOLETIA	HOMEM	IAKER						
17. FATHER'S NAME (First, Middle, Last)				16. M	OTHER'S NA	AME (First, Middle, i	Malden Suma	me)	
RUDOLPH	ENGLER				ANNE		WOLF		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NO ADDRESS			Route Number, City		te, Zip Code)	
MARY G. DANIELS	GRANDDAUG	HTER) 723	34 CAR	RTAGE F	HTIJ. 1	DRIVE. I	AUREI	MARY	ZI AND 2070
20a. METHOD OF DISPOSITION		20b. PLACE OF DISP						N — City or Ti	
1 XBurial 2 Cremation 3 R	emoval from Stata	GATE OF	HEAV	EN CEMI	TTEDV		STLVE	R SPRI	ING, MARYI
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	OHILD OF				SELLINS F			
>0 / /	AV. V								
23. PART I. Enter the diseeses, of	Mark						_		SP., MD 2
shock, or heart fellur	e. List only one cause of	on each line.							
IMMEDIATE CAUSE (Final disease or condition			Ca . 1						Onset and D
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disease or condition			Cash						Onset and D
disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR		CARDIE OF):						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within commons after death. Page 6 may be retained by the hospital or attending physician.

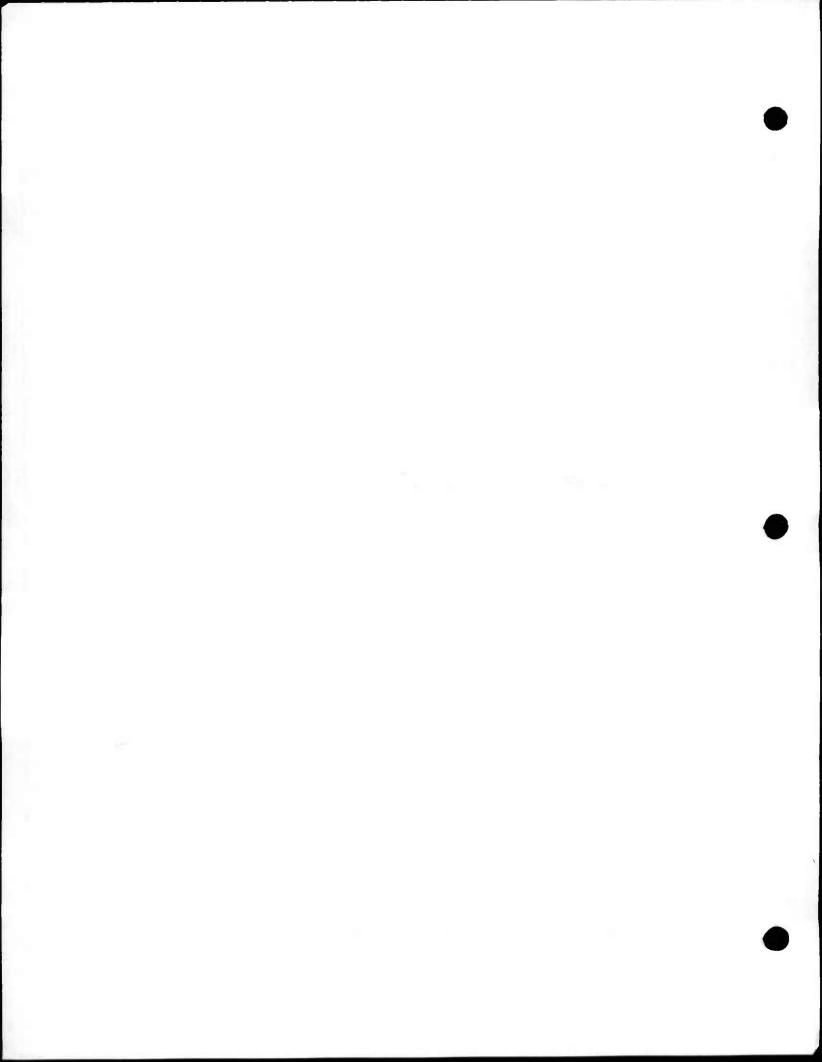
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF			NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		3. TIME OF DEATH
,	Raymond Frederi	ick Gates.	Sr.				ot. 15,		715 A M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	577-28-8740	1 🔀 M 2 🗆 F	70 YRS.	MONTHS DAYS	HOURS	MIN. 6	(Month, Day, Year) -15-192		aryland
- 1	9e. FACILITY NAME (If not institution, give sti	reet and number)	70	9b. CITY, TOWN	OR LOCATION			9c. COUNTY	
5	5702 Hartwell S	Street		Camp	Sprin	nas		Pr. G	eorge's
5	RESIDENCE OF DECEDENT								
2	106. STATE 106. COUNTY			TOWN OR LOCA					10d. INSIOE CITY LIMITS?
9	Maryland Pr. (George's	Cam	o Spri					1 ∑ YES 2 ☐ NO OF WHAT COUNTRY?
RA		7tmast			r. ZIP CODE	,			
FUNERAL DIRECTOR	5702 Hartwell S	12. WAS DECEDENT EVER IN	NUC ADMED		20748		RIGIN? (Specify Yes	U.S.A	
	1 Never Merried 2 Merried	FORCES? 1 X YES	2 NO	If yes, s	pecify Cuban,	Mexicen, P	uerto Rican, etc.)		RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	WW II	ATES	1 YE	2 X NO	Specify:			specily: White
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	JSUAL OCCUPAT	ON		16b. KIND OF BUS		
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during m retired.)					
린	2	2 Years	Indust	rial E	ngine	eer	Dept.	U.S.	Navy
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHE	R'S NAME	First, Middle, Meiden	Surname)	
BE (Joseph Frederic	ck Gates			Minn	nie S	Scaggs		
0	19a, INFORMANT'S NAME (Type/Print)		1	-			Number, City or Tow		
F	Edith M. Gates		5702	Hartwe	11 St	t; Ca	amp Spr	ings,	Md. 20748
	20a, METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Remo	oval from State	b. PLACE OF DISPOS other place)	ITION (Name of co	emetery, creme	tory 10/	18 20c. LO	CATION — City	
	4 Donetion 5 Other (Specify)	St	t. Paul	U.M.C	. Cem	neter	y Lus	by, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ob Fin			1105	Broomes
	トクトとう	**		Isl.	Rd:	Port	Repub	lic. M	id. 20676
	23. PART I. Enter the diseases, or o								Approximete
	IMMEDIATE CALICE (Final	List only one ceuse on e		_					Interval Between Onset and Death
	disesse or condition resulting in death)	. Acute 1	Cernicis	las fai	luco				
	rosoning in douch	a. Acute oue to (OR AS A	A CONSEQUENCE OF				^	155	
Z	Sequentially list conditions,	a artering	elerate	: Can	dem	me	en Ma	esse	-
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF	7):					
3	cause. Enter UNDERLYING CAUSE (Diseese or Injury	C	A CONSEQUENCE OF	n.					
Ë	that initiated events resulting in death) LAST	DOE TO (ON AS A	A CONSECUENCE OF	7-					j
岗		d							
CAL	PART II. Other significent condition	e contributing to deeth t	out not resulting I	n the underlyl	ng ceuse gl	lven in Par	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음	SIP Cerebra	a paguer	- sece	ment.			1 TES		COMPLETION OF CAUSE OF DEATH?
ME	Severe VAS	califia							1 YES 2 NO
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OE	ATH (Check	only one)		
PHYSICIAN:	1 DYVES 2 NO	1 Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER:	me 5 Res	idence 8	Other (Specify)		
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	2eb. TIMI		JURY AT	26	Id. OEŞCRIBE HOW	INJURY OCCUR	EO
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2	NO			
	3 Sulcide e Could not be	28e. PLACE OF INJURY building, etc. (Spe		street, factory, of	Ice	20	If. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,
ETE	4 Homicide determined		-	· · · · · · · · · · · · · · · · · · ·					
PLI	Crieck orny	ICIAN: To the best of my know	wiedge, death occume	ed at the time, de	te and pince,	end due to	the cause(a) and ma	mner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the basie of examination	on and/or investigatio	n, in my opinion	death occurs	ed at the tim	e, date and place, e	nd due to the c	ause(e) end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICE	NSE NUMBE	R	29d. DATE SI	GNED (Month, Day, Year)
0	Linus When	Sa sa			01	716.	2.	10	116/91
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (See	Drint)					
	The state of the s						11		
	A		o CRAIN		UPI	rer m	melber	o, MO	20772



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal	ex
afte	by the	lea
OLINS	i i	ned
24 /	filled on.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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	1 - STATE REGISTRAR		CE	RTIF	ICATE O	F DEA	TH		REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		1:	3. TIME OF DEATH
	Mildred Viola GROSS	S						Octob	DAY	, 1, 19	YEAR	
			8. AGE (In yrs. lest	t birthday)	IF UNDER 1 YEAR	IF UND	ER 24 HRS.	7. DATE OF E				4:25 P M
	705-10-4771	1 M 2 F	83	YRS.	MONTHS DAYS		-	(Month, Da	ny, Year)		Country)	
	9e. FACILITY NAME (If not institution, give street		93	-	9b. CITY, TOW	1 00 LOCAT		July	3,19			sylvania
<u>c</u>				1				EATN			TY OF DEA	****
15	Washington County F	dospital			Hage	erstov	m			Wash	ingt	on
l E	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR LO	CATION						IOd. INSIDE CITY
DIRECTOR	Maryland Washing	cton										LIMITS?
با	10e. STREET AND NUMBER	<u>zton</u>		lia	gerstow	101. ZIP COD	0.0			01717		YES 2 NO
E.	220 Common Chroat									1.00		IAT COUNTRY?
N	220 Summer Street	2. WAS DECEDENT E	5150 W U 0 A0		1	217					USA	
BY FUNERAL	1 Never Merried 2 Merried	FORCES? 1	YES 2 N		If yes,	specify Cubi	ean, Mexices	NIC ORIGIN? (S	pecify Year	or No- 1	I4. RACE - Black, 1	– Amarican Indian, White, atc.
BY	3 X Widowed 4 Divorced	IF YES, OIVE WAR	I OR DATES			ES 2 X NO					Specify:	
	15. DECEDENT'S EDUCATI	TION	I to DE	CEDENT'S	USUAL OCCUPA	7100		T tob Will			white	e
COMPLETED	(Specify only highest grade corr	mpleted)	(Gh	ive kind of w	work done during .	most of work	ing	1ab. Kin	D OF BUSI	INESS/INDU	STRY	
1 7		College (1-4 or 5+)	- 1		A CCC							
N N	8 17. FATHER'S NAME (First, Middle, Last)	0	111	omema	aker							
						- 1		ME (First, Middle		lumame)		
H	Jacob I. Musselman							M. War	-			
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
	Pearl Maloy		1	132 5	Securit	yRd.,	, Hag	erstow	n, Mo	d. 21	740	
	20a. METHOD OF DISPOSITION 1 ↑ Burlet 2 □ Cremation 3 □ Removal	I Imm State	20b. PLACEA	NDDATEC	OF DISPOSITION	Neme of		DATE	20c. LOC	ATION - CI	Ity or Town	n, Stata
	4 Donation 5 Other (Specify)	7 Irom state	Rest	Have:	n Cemet	erv		10-17	Hage	ersto	wn.	Maryland
	21. SIONATURE OF FUNERAL SERVICE LICENS	SEE	•		22. NAME	AND ADDRE	ESS OF FAC	CILITY			,	inda j adii a
	Scratton	Ma	nne	0				L HOME				
					415 E	. Wil	son	Blvd.,	Hage	ersto	wn,	Md. 21740
	23. PART I. Enter the disessea, Dr com ahock, Dr hesrt failure. List	iplications that care only one cause	aused the dea	ath. Do n	Dt enfer the n	noda of dy	/Ing, suct	h ss cardisc	or respire	atory srrea	at,	Approximate
	IMMEDIATE CAUSE (Finel		Dir escii iii									Onsst and Death
	disease or condition resulting in death)	Large sub	bdural	and	enidura	1 her	natom	ກຊ				16 days
		DUE TO (OF	R AS A CONSEO	UENCE OF):		ita e o L					10 days
z												į
2	Sequentially list conditions, If any, leading to immediate	DUE TO (OF	R AS A CONSED	UENCE OF	ን:							
18	csuse. Enter UNDERLYING											
Ē	CAUSE (Diseese or injury that initisted events	DUE TO (OF	R AS A CONSECU	UENCE OF):							+
CERTIFICATION	resulting in desth) LAST											
												+
DICAL	PART II. Other significant conditions co	ontributing to de	eth but not re	sulting In	n the underly	ng ceuse	given in i	Part I. 24s.	. WAS AN A		24b. W	ERE AUTOPSY FINDINGS
음	<u> </u>							1.0	PERFORM		C	WAILABLE PRIOR TO DMPLETION DF CAUSE
ME									7 .22 - 3	A ····		F DEATN?
2											1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF D	ACATM (Chr	tt one)				
1 2	EXAMINER?	OSPITAL:			OTHER:							
. ¥	27. MANNER OF DEATN	Zinpetiant 2 ☐ EF			4 Nursing Ho		seldence					
	1 Netural 5 Pending	(Month, Day, 1		26b. TIME INJU	URY Y	NJURY AT WORK?		28d. DESCRIB			RED	
B	2 K Accident Investigation		1991	3:00	A	YES 2 [NO	Fell	at h	ome		
	3 Suicide 8 Could not be 4 Nomtcide determined	26a. PLACE OF IN building, atc.	NJURY — At horr :. (Specify)	ne, larm, st	ireet, fectory, off	Ice		281. LOCATION	N (Street and	d Number or	Rural Rout	te Number,
	4 Nonicide delemined		J	Home				Hagers	town	Was	umme i	r Street
COMPLETED	29e. CERTIFIER 1 CERTIFYINO PNYSICIAN	N: To the best of my	knowledga, des	th occurre	d at the time, dr	te and place						0., 114.
M	one) 2 MEDICAL EXAMINER: O	on the beels of sxem	nination and/or in	rvestigation	n. In my opinion	death occu	red at the	time data and	-lace and	due to the		- 4
	296. SIGNATURE AND TITUE OF CERTIFIER				,,	-			piece, enc	due to the	cause(a) =	nd manner as stated.
B	Chu (en)	7 61 Lan					ENSE NUM		-			fonth, Day, Year)
2		- Marie				שע	01062	<u>'</u>		Oc1	t. 15	5, 1991
-	30. NAME AND ADDRESS OF PERSON WHO CO											117
	Edward W. Ditto, II	I, M.D.,	217 W€	est W	Vashing	ton S	tree	t, Hage	ersto	own, N	Mary]	land 21740
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								-	
	1111 1 4 'U1'	90	chia David	son-A	indell							

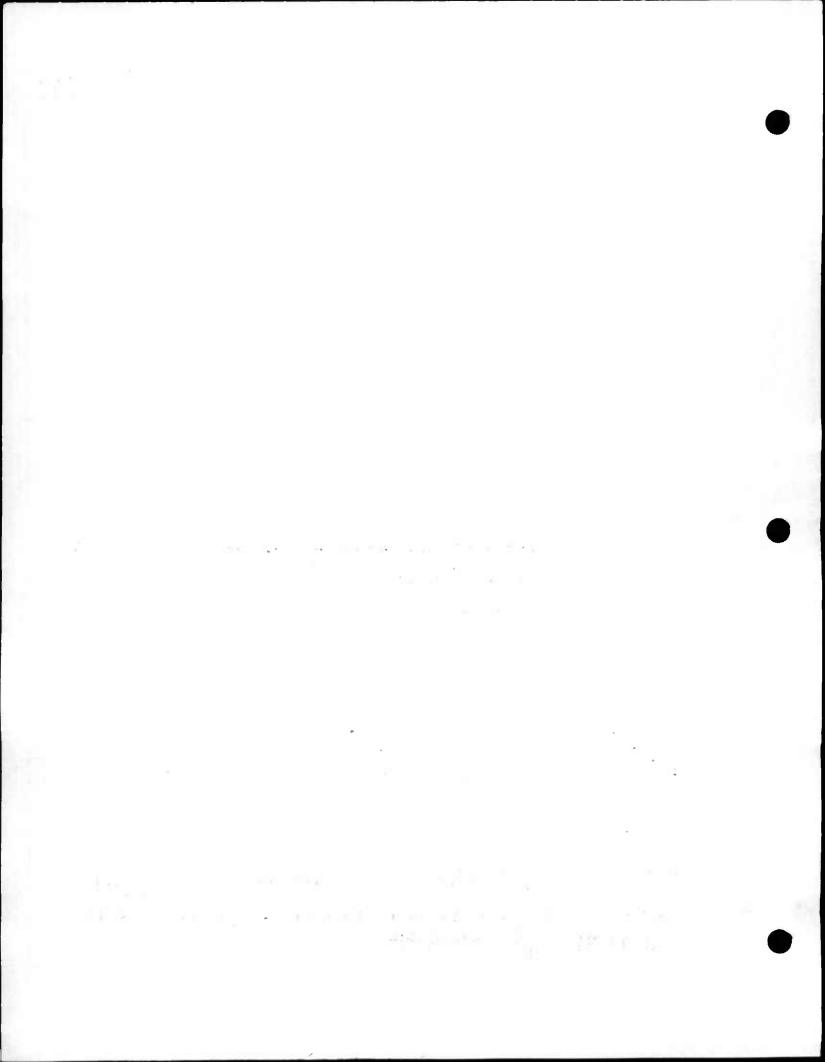


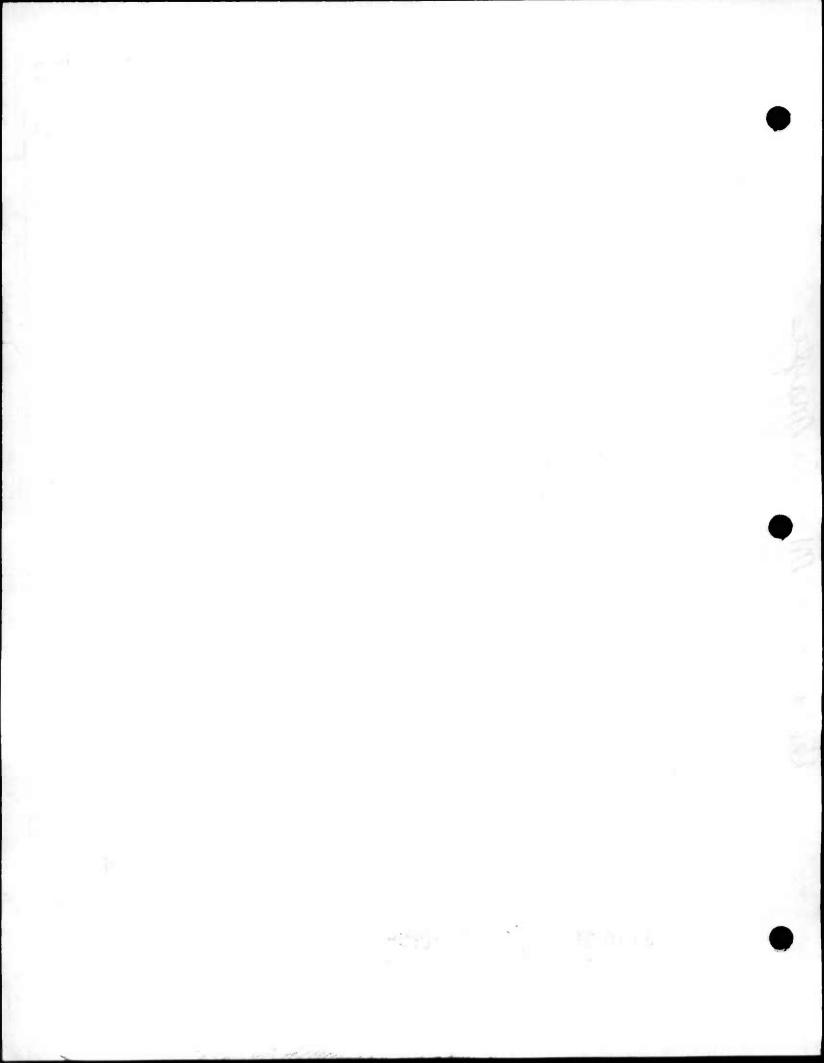
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	Paris.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ages 1, 2, 3
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1. 164

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	EALTH AND	MENTA	L HYGIEN		1	6014	U
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3	, TIME OF DEATH	_
	Agnes Jeanette H	UTCHISON				MONT	H D	1991 YE	AR	8:50 am	м
	4. SOCIAL SECURITY NUMBER		yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		HRTHPL	ACE (State or Foreign	
	578-24-4811	1 □ M 2 🖁 F 73		NONTHS DAYS	HOURS MIN.		n, Day, Year)		ountry)	h., DC	
	9a, FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D		7L 14,	9c. COUNTY			-
E I	621 Flm Avenue			Takor	na Park					eorges	
DIRECTOR	621 Elm Avenue										
R	10a. STATE 10b. COUNTY			TOWN OR LOCA					1	Od. INSIDE CITY LIMITS?	
		ce Georges	T	akoma P					1	X YES 2 NO	
M	10e. STREET AND NUMBER			10	, ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?	
FUNERAL	621 Elm Avenue				20912			USA			
3	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	I.S. ARMED 2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	N? (Specify Yas	n or No- 14.	RACE -	- American Indian, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES A		2 NO Specif		, , , , , ,		Specify:	White	
	15. DECEDENT'S EDUC	ATION I 1	6a. DECEDENT'S U	SUAL OCCUPATION	214	1 400	VIII 05 01	SINESS/INDUST		WILLE	
	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of wo	rk done during mo	ist of working	100	KIND OF BU	SINESS/INDUST	HY		
7	1.2	College (1-4 or 5 +)	Sales	Clowle			Retai	1			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Dates	CTELK	18. MOTHER'S NA	ME (First			_		
	William T. Stone										
8	19a. INFORMANT'S NAME (Type/Print)		19h MAILING A	DORESS (Street)	nd Number or Rural		loodbu		-1		-
임	Merton I. Stone				Ave, For						
	20a. METHOD OF DISPOSITION	20h Pl	LACEANDDATEOF			DAT		CATION — City		Cara	
	1 SBurial 2 Cremation 3 Ramon	val from Stata cemeta	irv, crematory or other	er place)		1					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Linco	22. NAME A	tery 1	CILITY	TIBre	n twood.	Ma	ryland	-
	100.6	5 1den -	"	Hines	s/Rinald	i Fur	neral 1	Home, 1	nc.		
	Linge	WWV		11800	New Har	mpshi	ire Av	e,Silve	r S	pring, M	D
	23. PART I. Enter the diseasea, pr co shock, pr heart failure. L	emplications that ceused the latest on eech	he death. Do no h line.	t enter the mo	de of dying, suc	h aa card	fiec or reap	iretory arrest,		Approximete Interval Batwe	
	IMMEDIATE CAUSE (Fine)	1 1 11	Λ							Onset and Dec	
	disease or condition reaulting in death)	Metastatic		TCAN	CYL					12 went	43
		DUE TO (OR AS A CO	ONSEQUENCE OF):	1	celesta	-					
ON	Sequentially list conditions, b.	DUE 70 (00 40 4 0	raceway	ey/	erogra	Ru				-	
A	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):								
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF								
CERTIFICATION	reauiting in deeth) LAST									j	
	d.									1	-
CAL	PART II. Other algnificant conditions	contributing to death but	not reaulting in	the underlying	g ceuse given in	Pert I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDING	GS .
음							1 TYES 2		0	OMPLETION OF CAUSE F DEATH?	
M						[YES 2 NO	
ż						_		- 1			- 1
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Hooping			ACE OF DEATH (Ch	eck only or	16)				
S		HOSPITAL: 1 Inpatient 2 ER/Outpatie		OTHER:	a 5 Rasidence	8 🗆 Othe	r (Specify)				
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ				NJURY OCCURE	D		\dashv
8	1 Natural 5 Pending 2 Accident Investigation	(1001111, 003), 1001)			ES 2 NO						- 1
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, lactory, offic		28f. LOC	ATION (Street a	and Number or R	ural Rou	te Number,	\dashv
	4 Homicide determined	, (.,,,,,				City	or Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledge	ge, death occurred	at the time, data	and place, and due	to the car	stefs) and mar	Tor se stated			
M		On the beals of examination as							isofa) ai	nd manner as stated	_
ŏ	29b. SIGNATURE AND TITLE OF CERTIFIER	71			29c. LICENSE NUI						_
8	Xtrus 51/Con) w			A					onth, Day, Year)	- 1
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type P	rint)	0203			10	1	/ /	_
	1100:	Ter MD		WOOD	MAPA	Ro	1 1	nox	1	191)	
	31. DATE FILED (Month, Day, Year)	32. FEGETRAL'S SIGNATU			17/1-1	/		1101	-		\dashv
	OCT 10 '91	guna vanda	-								

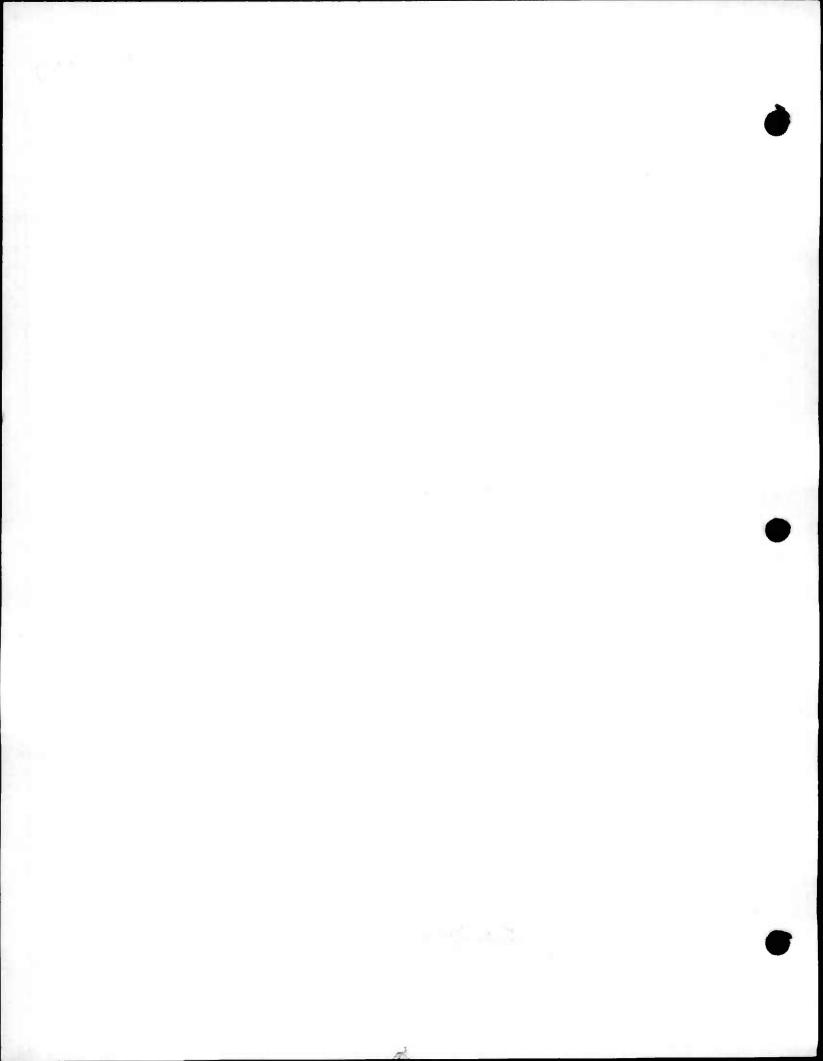
Services:

	REGISTRAR			CERTIF	CATE O	F DEATH	REG. I	NO.		
ŀ	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3	. TIME OF DEATH
	LOUISE			<u>OSKINSO</u>	N		MONTH /O	08 19	YEAR	8:40 A
	4. SOCIAL SECURITY NUMBER 577-18-5421	5. SEX 1 M 2 F		yrs. last birthday) One of the second of th	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year May 13,)	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give : Calvert County N RESIDENCE OF DECEMENT					e Frederic	EATH	9c. COUN	TY OF DEA	Germany TH
-	MD Calve	Y		10c. CITY	sapeak	e Beach				0d. INSIDE CITY LIMITS? X YES 2 NO
	8200 D Street					101. ZIP CODE 20732			S.A.	AT COUNTRY?
TO CONTRACT	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES	2 V NO	If yes,	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 X NO Specify	in, Puerlo Ricen, etc.)		14. RACE Black, V	American Indian, White, atc. White
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		Give kind of wille. Do NOT us. Homema	ork done during a retired.)	ATION most of working	16b, KIND OF	BUSINESS/INDU	ISTRY	
-	17. FATHER'S NAME (First, Middle, Last) Unknown						ME (First, Middle, Meice (Unknow	len Sumame)		
	19a. INFORMANT'S NAME (Type/Print) Louise E. Carlso	n		PO BO	ADDRESS (Street	ot and Number or Rural I	Route Number City or	Rown State Zin (Code) 20732	
	20s. METHOD OF DISPOSITION T Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	cemete	LACE AND DATE Of the dar Hil	her place)		1	LOCATION C		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE E. Me	lyo	~	Jose	ph Gawler' Wisconsir	s Sons,	Inc.		
	23. PART i. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate	a. Card	Dio OR AS A C	h ilna.	mtro ;	moda of dyling, such		apiratory arre	st,	Approximata interval Between Onset and Dasti
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d		ONSEQUENCE OF						
	PART II. Other algnificant condition	a contributing to d	leath but	not reaulting is	tha underly	ing cause given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 X NO	OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATN? YES 2 ND
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATN (Che	ock only one)			
	1 VES 2 NO	1 Inputient 2	ER/Outpatk	ent 3 🗆 DOA	OTHER: 4 W Numbing No	ome 5 🗆 Rasidence	6 Other (Specify)			
	27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF II (Month, Day		28b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE NOV	VINJURY OCCU	RED	
	3 Suicide 8 Could not be determined	28a. PLACE OF building, at	INJURY Ic. (Specify)	At home, term, st	reet, factory, of	fice	28f. LOCATION (Street City or Town, Sta	et and Number or te)	Rural Route	e Number,
2	29s. CERTIFIER (Check only one) 1 A CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	SIAN: To the best of m	ny knowleds	ge, death occurred	st the time, de	ite and place, and due	to the cause(s) and n	nanner as stated	l. Cause(a) an	ed manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER	ty m	3.	,		D5820	BER	29d, DATE 5	SIGNED (Ma	onth, Day, Year)
	O. NAME AND ADDRESS OF PERSON WHI	Y M. T	OF DEATH	/	Print) T.	F.LUSBY, NEDERIC	10. . 1< , M	D. 2	06.	78
3	II. DATE FILED (Month, Day, Year)	32. SEGISTRAB	Wasen	Runder						



	L	1. DECEDENT'S NAME (First		Hoptor	nan					2. DATE C	OF DEATH	Y C	YEAR	3. TIME OF DEATH
P	K	4. SOCIAL SECURITY NUM 084-07-3968	BA	5. SEX 1 M 2 F	6. AGE (In 91	yrs. lest birt	rhday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Ybar) 19, 1	900	Count	HPLACE (State or Foreign
010		90. FACILITY NAME (# not in SUBURBAN H	OSPIT					ETHE	SDA			9c. COL	NTGON	DEATN
DIREC		RESIDENCE OF DEC 100. STATE MARYLAND	10b. COUN	TY GOMERY			CCKVII		ON					10d, INSIDE CITY LIMITS? 1 YES 2 NO
VERAL		10e. STREET AND NUMBER 6121 Rockvi		ike					ZIP CODE 0852					what country? States
BY FUN	3	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE 1	NT EVER IN L 1 (X) YES WAR OR OAT	U.S. ARMED 2 NO ES		WAS DECE If yes, spe- 1 YES	ENDENT OF NISPAI city Cuban, Mexica 2 NO Specif	in, Puerto Ri	(Specify Yea can, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, atc. White
LETED		(Specify online Elementary/Secondary (0	DEDENT'S EDI ly highest grad 0-12)	UCATION de completed) College (1-4 or 5	+)	(Give ki life. Do i	ENT'S USUAL Cond of work done NOT use retired.)	CCUPATION during mos	N t of working		KIND OF BUS			
once.	1	12 I7. FATHER'S NAME (First, M	fiddle, Last)			Tailo	or		18, MOTHER'S NA		rment		rict	
70		Hyman Hopt	man						Jenny F			Sumame)		
TO B		Janet Gold				19b. M/	uling addres Lillian	S (Street an	e, Plair			n, State, Zij Jers	code)	11803
examiner	12	n. BIOMATURE OK FLIMERA	SERVICE L	A providence of the second										
	+	23. PART I. Enter the di	iseasea, or	Hagan complications the	nt caused ti	the death.	DA 11	NZAN:	SKY-GOLI ockville	BERG Pike	MEMOR	RIAL kvil	CHAP	ELS, INC. Maryland 2
the medical	1	23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	iseasea, or eart fallure.	complications the	nt caused to	the death.	Do not enter	NZAN:	O AGDRESS OF FA SKY—GOLL OCKV1116 le of dying, suc	OBERG Pike	MEMOR ROC ac or reapi	RIAL kvil	CHAP le,	PELS, INC. Maryland 2 Approximata interval Between
or other traumatic event, the medical	S	IMMEDIATE CAUSE (Findisease or condition_	iseasea, or eart failure.	complications that. List only one cast a. Acust DUE TO DUE TO C. Affect	et caused to	CONSEQUENCE	DA 11 Do not enter (CE OF): (CE OF): (CE OF):	70 Rethe mod	O AGDRESS OF FA SKY—GOLL OCKV1116 le of dying, suc	DBERG Pike	MEMOR ROC ac or reapi	RIAL kvil	CHAP le,	PELS, INC. Maryland 2 Approximata interval Between
inows any injury, or other traumatic event, the medical MEDICAL CERTIFICATION	i de contra de c	IMMEDIATE CAUSE (Fin disease or condition reaulting in death) Sequentially list condition from the condition of the conditio	iseasea, or eart failure. ions, diate ing irry T	complications that List only one can be put to be to b	of caused the caused t	the death. th line. OSSIN CONSEQUEN CONSEQUEN TO TO TO TO TO TO TO TO TO TO TO TO TO T	DA 11 Do not enter (CE OF): (CE OF): (CE OF): (CE OF): (CE OF):	NAME AND NZAN: 70 Re the mod	o AODRESS OF FASKY—GOLL OCKVIIIE le of dying, such OCC ha	DBERG Pike has cardin	MEMOR ROC ac or reapi	RIAL Ekvil ratory ar	CHAP. 1e, rest,	PELS, INC. Maryland 2 Approximata interval Between
inows any injury, or other traumatic event, the medical MEDICAL CERTIFICATION	S HI CO	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the condition of the condition	iseasea, or leart failure. In all ions, diate in grant condition of the co	complications that. List only one cast a. Acust DUE TO b. Profine Co. Ather one of the contributing to the Contributing to the Dolument of the	of caused the second of the se	Cen J	DA 11 Do not enter LE OF: LE	NAME AND NZAN: 70 Re the mod	o AODRESS OF FASKY—GOLL OCKVIIIE le of dying, such OCC ha	Pert I.	MEMOR 2. ROC ac or reapi	RIAL Ekvil ratory ar	CHAP. 1e, rest,	Approximata interval Betwee Onset and Deal Onset an
or item 23 shows any injury, or other traumatic event, the medical IVSICIAN: MEDICAL CERTIFICATION	S S S S S S S S S S S S S S S S S S S	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injuntation initiated events resulting in death) LAST	iseasea, or leart failure. In all ions, diate in grant condition of the co	a. Acust DUE TO DUE TO A HUP The Contributing to A Subdut The Contributing to The Cont	of caused the caused the caused the caused the caused the caused the caused the caused the caused to come as a control of caused the	Consequent of the death.	DA 11 Do not enter (CE OF): (CE O	NAME AND NZAN: 70 Rother mod	Cause given in	Part I.	MEMOR Person Person Specify)	AUTOPSY IMED	CHAP. 1e, rest.	Approximata interval Betwee Onset and Deal Onset an
or item 23 shows any injury, or other traumatic event, the medical IVSICIAN: MEDICAL CERTIFICATION	S S S S S S S S S S S S S S S S S S S	IMMEDIATE CAUSE (Findisease or condition reaulting in death) Sequentially list condition from the condition of the condition	iseasea, or leart failure. In all ions, diate in grant condition of the co	complications the List only one can a. Acust DUE TO b. Prof OUE TO c. Ather d. Hyperical to the Contributing to Contributing t	of caused the caused the caused the caused the caused the caused the caused the caused the caused to come as a control of caused the	Consequent of the death.	DA 11 Do not enter LE OF: LE OF: Ting in the un Bon The Bon	NAME AND NZAN: 70 Re the mod	Cause given in	Part I.	MEMOR PERFOR 1 YES 2	AUTOPSY IMED	CHAP. 1e, rest.	Approximata interval Betwee Onset and Deal Onset an
28 is marked, or item 23 shows any injury, or other traumatic event, the medical ED BY PHYSICIAN: MEDICAL CERTIFICATION	S S S S S S S S S S S S S S S S S S S	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! Chart III. Other aignification in death) LAS' PART II. Other aignification in death initiated eventare are uniting in death) LAS' PART II. Other aignification in death initiated eventare aignification in death) LAS' The condition in death in the cause of th	iseasea, or leart failure. In all ions, diate in all ions in condition	complications that. List only one cast a. Acust DUE TO b. Profession of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution to the contributi	at caused to use on each of the caused to use on each of the caused to open as a control of the caused of the caus	CASTINATION OF THE PROPERTY OF	DA 11 Do not enter (CE OF): (CE O	NAME AND NZAN: 70 Re the mod the mod 20. PLA 22. PLA 22. PLA 22. INJUNION 1 VE	Cause given in	Part I. :	MEMOR 2, ROC ac or respi	AUTOPSY IMEDIA	CHAP. 1e, rest,	Approximata interval Betwee Onset and Deal Onset an
If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	5 Hill Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or interpretable of the condition of	iseasea, or leart failure. In all ions, diate in the condition of the cond	complications that. List only one cast a. Acust DUE TO b. Profession of the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution of the contributi	at caused to use on each of the caused to use on each of the caused to t	CAS At home, f.	DA 11 Do not enter (CE OF): (CE O	NAME AND NZAN: 70 Re the mod the mod and t	Cause given in CE OF OEATN (Ch. S Residence RY AT KY CAUSE CAUSE OF OLATO (Ch. S Residence RY AT KY CRY CRY AT KY CRY CRY CRY CRY CRY CRY CRY	Part I. :	MEMOR PEROCE ACCURATE A	AUTOPSY IMEDIA NUMBER	CHAP-1e, rest, 24b	Approximata interval Betwee Onset and Deconset


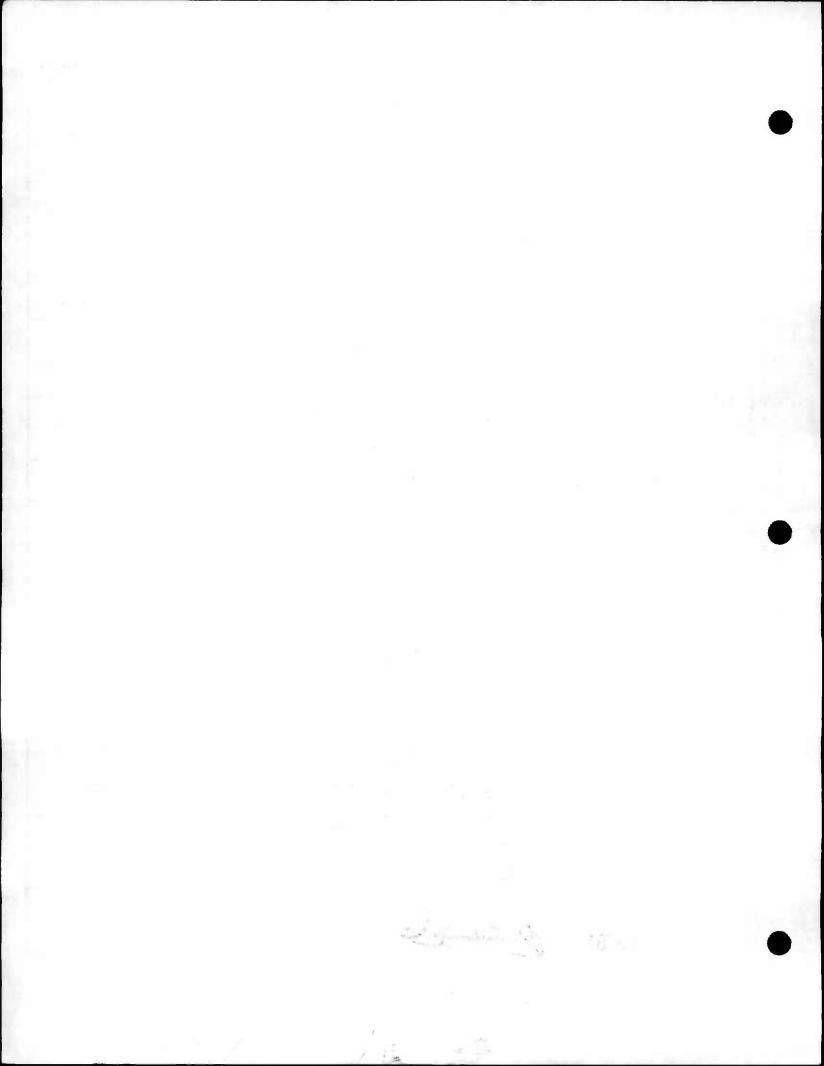
_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF ICATE O	HEALTH AN F DEATH		IENE . NO.		
	1. DECEOENT'S NAME (First, Middle, Last) SUCIE HE			RON		2. DATE OF DEA	2. DATE OF DEATH 099-91 YEAR 3.1		TIME OF BEATH
)	4.4001AL SECURITY NUMBER 9	1 - M 2 5 -	n yrs. lest birthdey) 68 YRS.	IF UNDER 1 YEAR		(A4	23	Country)	ACE (State or Foreign
тон	96. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Suburban Hospital Bethesda MONTGOME								
FUNERAL DIRECTOR	10s. STATE 10s. COUNTY Maryland Mc	10c. CIT	Y, TOWN OR LO			10d. IN: LII 1 (S): Y:			
	10e. STREET AND NUMBER 525 N. Horners Lane				10f. ZIP CODE	F 0		EN OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 \(\) 0	II yes,	208 ECENDENT OF HIS specify Cuben, Ma ES 2 KNO Sp	SPANIC ORIGIN? (Speci xicen, Puerto Ricen, et			American Indian, Vhite, etc. Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Unemployed								
BE	17. FATHER'S NAME (First, Middle, Last) Lloyd Hall Ethel Bell								
5	190. INFORMANT'S NAME (Type/Print) Daniel M. Hebr 200. METHOD OF DISPOSITION	20b.	d 525	N. HO	rners :	Lane, Ro	ckvill	e, M	
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State 10/15 Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE AND DATE OF DISPOSITION (Name of Centerly Complete, Cremeter) DATE 20c. LOCATION - City or Town, State 10/15 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850								
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Approximate intervel Between Onset and Death Cause (Final disease or condition resulting in deeth)								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST								
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in P						24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINIT AMALABLE PRIOR TO COMPLETION OF CALOF OF OEATH? 1 YES 2 NO		AHABLE PRIOR TO MPLETION OF CAUSE OEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIMI	E OF 28c, II	JURY AT VORK? YES 2 NO	28d. OESCRIBE HOW INJURY OCCURED		RED		
	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)			
TO BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner as stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER WOSSELL '				29c. LICENSE NUMBER 29d. OATE SIGNEO (Month.)			(91	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	OCT 15 '91	22. REDISTRAR'S SIGNAL	TURE						



DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Leet)	Opal D. Hol	den HOLD	EN		2. DATE OF DEATH	DAY	3. TIME OF DEATH 3.16 P	
2)	4. SOCIAL SECURITY NUMBER 022-03-4232 96. FACILITY NAME (If not institution, give st	1 M 2 XF 9	n yrs. last birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) Dec. 12,	1900	BIRTHPLACE (State or Foreign Country) Mass.	
5	Suburban Hospital			Bethe	or location of c	DEATH	100000000000000000000000000000000000000	of DEATH ntgomery	
DIREC	MD Montgomery			10c. CITY, TOWN OR LOCATION Bethesda			10d. INSIDE CI LIMITS? 1 [2] YES 2 [
FUNERAL	10e. STREET AND NUMBER 5225 Pooks Hill H		10t. ZIP CODE 20814			U.S.A.			
B	11. MARITAL STATUS t Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	an, Puerto Rican, etc.)	17 (Specify Yee or No — 14. RACE — American Black, White, etc.) Specify White		
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IIIe. Do NOT us	vork done during m e retired.)	ION ost of working		BUSINESS/INDUS	STRY	
at once.	12 17. FATHER'S NAME (First, Middle, Last) Edmand Boyd				18. MOTHER'S N.	U.S. Gov't. ME (First, Middle, Meiden Surneme)			
TO BE	190. INFORMANT'S NAME (Type/Print) Nancyjane Darlir	ng				Route Number, City or 1		ode) 20814	
must be	Nancyjane Darling 5225 Pooks Hill Rd., Bethesda, MD 20814 20a. METHOD OF DISPOSITION 1								
examiner									
ry, or other traumatic event, the medical	23. PART I. Enter the diseases, Dr. complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) resulting in death) Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificent conditions		t not reculting i		g ceuse givan in	Pert I. 24e. WAS / PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tient 3 DOA	OTHER:	LACE OF DEATH (Ch	6 C Other (Specify)			
marked, BY PH	27. MANNER OF DEATH t X Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	OF 28c. INJ	PURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY - building, etc. (Specif	At home, ferm, s	reet, factory, offic	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ANT: If item 28 is COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my knowle : On the basic of examination	To the best of my knowledge, death occurred at the time, dete end piecs, end dus to the ceuse(e) end menner as stated. The basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and menner as stated.						
TO BE COM	296 SIGNATURE AND TITLE OF CERTIFIER	M.D			29c. LICENSE NUI D 28			GNED (Month, Day, Year) 0 - 10 - 9/	
	LALITHA PETER		*H (ITEM 27) (Typo,	Print) W. Ed	monster	Dr. Ste	202 R	ockville Mazo	
	31. DATE FILED (Month, Day, Year) OCT 15 '91	32. REGISTRAR'S SIGNAT	Andell.	,				,	

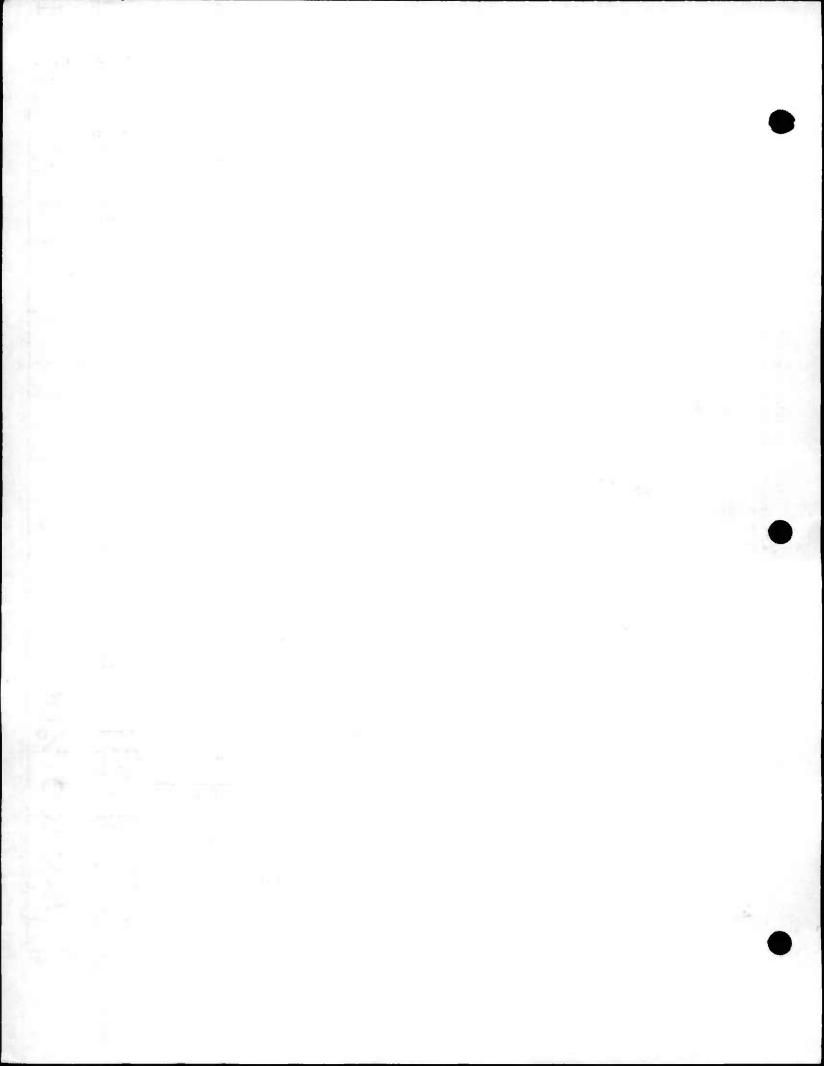
	1 - REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	0.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	AR	ME OF DEATH	
	Ella Hill					10 07		_	:35 P	
	4. SOCIAL SECURITY NUMBER 218-34-7069	1 □ M 2 🔀 F 8	(In yrs. lest birthday) 9 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-8-02	M	ary1	e (State or Foreign and	
LOR	9a. FACILITY NAME (If not institution, give a Montgomery Ge) RESIDENCE OF DECEDENT		ital		on Location of D	EATH	Mont		ery	
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY	r, TOWN OR LOCA	Spring	7			INSIDE CITY LIMITS?	
	Maryland M	lontgomery			M. ZIP CODE	3	10g. CITIZEN		YES 2 NO	
FUNERAL	19 Branchwood	Court 12. WAS DECEDENT EVER			2086			USA		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	24 NO	If yes, s		NIC ORIGIN? (Specify \ an, Puerto Rican, etc.) /y:		Black, Whit	nerican Indian, e, atc. Black	
TED	15. DECEDENT'S EOU (Specify only highest grade		16a. DECEDENT'S (Give kind of ville. Do NOT us	vork done during m		16b. KINO OF E	BUSINESS/INDUST	RY		
COMPLET	Elementary/Secondary (0-12) 3rd	College (1-4 or 5+)		sewife	2					
ш	17. FATHER'S NAME (First, Middle, Lest) Marshall Thoma	ıs				Me (First, Middle, Meid ie White				
0	19a. INFORMANT'S NAME (Type/Print) Lillian Allen	(Daughter)				Route Number, City or 1			4	
1	20a. METHOD OF DISPOSITION 1 M Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)		0b. PLACE AND DATE f cemetary, crematory ASN MEMO			DATE 20c.	LOCATION - City Sandy	or Town, Si	ng, MD	
	21. SIGNATURE FUNERAL SERVICE LE		onde	22. NAME A SNOV	NDEN FU		ME, P.			
	23. PART I. Enter the diseases, or complicatione that ceused the death. Do not anter the mode of dying, such as cardiac or reepiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	to immediate r UNDERLYING passe or Injury f events DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significent condition	Hyperkales		in the underlyli	ng cause given in	PERF	AN AUTOPSY FORMED?	AVAIL COMI OF D	E AUTOPSY FINDINABLE PRIOR TO PLETION OF CAUSEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)				
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIM	E OF 28c. IN	me 5 Residence	6 Other (Specify) 28d. DESCRIBE HOT	W INJURY OCCUR	ED		
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUR	Y — Al home, farm,	M 1 🗆	YES 2 NO	28f. LOCATION (Stre	et and Number or F	Rurel Route I	Number,	
ETED	4 Homicide detarmined	building, etc. (Sp	ecity)			City or Town, Ste	ata)			
COMPL	dent)	ICIAN: To the best of my kno ER: On the beals of examinat						ause(a) and	manner as stated	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	my Heces	104.D.		29c. LICENSE NU D 19 19		29d. DATE SI		th, Day, Year) 8, 1991	
2	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type				_			
	31. DATE FILED (Month, Day, 16ar) OCT 10 '91	P. REGISTRAR'S SIG	NATURE CONTRACTOR							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	hosp	ache		CG.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, crematio MPDGRTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	4 ho	Dellied	n, 0	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cren IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event	In 2	ely fi	atio	€.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic en	M.	plet	Cren	rent
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to bu IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumati	nted	00	nai.	6
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traunt.	эхесі	and.	2	nati
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending poof fled within 72 hours after death with the State Dept, of Health and Mental Hygien IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other	cate	hysi	e bu	er to
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attend be filed within 72 hours after death with the State Dept, of Heath and Mental Hy IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or	ertifi	ou.	gien	ŧ,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at be filed within 72 hours after death with the State Dept, of Health and Menta IMPORTANT: If Item 28 is marked, or Item 23 shows any injury,	E C	lendi	E.	ö
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Heath a IMPORTANT: If Ilem 28 is marked, or Ilem 23 shows any	t the	10 /0	9	Ξ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Hea IMPORTANT: If Item 28 is marked, or Item 23 shows	tha	Ped	E a	and
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law req TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Ilem 28 is marked, or Ilem 23 shu	uires	sign	Hea	N.S
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has I be filed within 72 hours after death with the State Dept IMPORTANT: If Ilem 28 is marked, or Ilem 23	req	Deen	0	Š
To the hospital or attending physician: The To the Funcral director: After this certificate in the filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item	- S	Jas	Dep	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT; If Item 28 is marked, or I	Ĕ	ate	tate	tem
TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with timpORTANT; If Item 28 is marked,	IAN	rtific	S ac	10
TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: Affor this be filed within 72 hours after death w IMPORTANT; If Item 28 is mark	NS:	S Ce	=======================================	pq,
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT; If Item 26 is m	7	it th	¥ E	ark
TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 i	DIN	Aff	dea	E
TO THE HOSPITAL OR AI TO THE FUNERAL DIRECT be filed within 72 hours:	LEN	10R:	after	28
TO THE HOSPITAL OF THE FUNERAL DID be filed within 72 ho	R AT	REC	SIN	E
TO THE HOSPITA TO THE FUNERA De filed within 7.	10	O T	2 20	# #
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	2	2	90	Ξ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	HELEN EVELY				2. DATE (MONTH 10	OF DEATH	YE. 91	AR	7:00 P M		
	4. SOCIAL SECURITY NUMBER 218-01-5353		n yrs, last birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C		8. 8	NRTHPL	ACE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give s Meridian - The I	NINGS OF STREET	96		on, MD	EATH		9c. COUNTY		гн		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland	ralbot	10c. CITY, TO	OWN OR LOCAT	aston					Dd. INSIDE CITY LIMITS? X YES 2 NO		
ERAL	100. STREET AND NUMBER Dutchmans Lane	& Route 5	101	21601	l		10g. CITIZEN	OF WH	AT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	27 NO	If yes, sp	ENDENT OF HISPAI scify Cuben, Mexica 2 NO Specifi	in, Puerlo R			RACE — Black, \ Specify:	American Indian, White, atc. White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11 Years	CATION completed) College (1-4 or 5+)	Iffe. Do NOT use re-	done during mo	lone during most of working ed.)							
BE COM	17. FATHER'S NAME (First, Middle, Lest) William	Worrell	Deauc	ician	18. MOTHER'S NA		fiddle, Maiden S	umame)				
TO B	190. INFORMANT'S NAME (Type/Print) Phyllis Fox	The state of the s										
	20e. METHOO OF CISPOSITION 1 Series 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF LUNERAL SERVICE LIN	oval from State of c	PLACE ANO OATE OF CEMELARY, CREMATORY OF C	W N 22. NAME A	ID ADDRESS OF FA	10-1		brid		Marylano		
	23. PART Enter the diseases, or abock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceues on a	the death. Do not ach line.	700 enter the mo		St. ch ea cerd	Cambr	idge		d. 21613 Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OVE TO (OR AS A	CONSEQUENCE OF:	ili f	1							
MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFO. 1 □ YES								A C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. P	ACE OF OEATH (C	heck only on	•)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 □ Inpatient 2 □ ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Hon	IURY AT ORK?		(Specify)	JURY OCCUR	/ OCCURED			
TED BY	2 Accident investigation 3 Suicide a Could not ba 4 Homicide determined	investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street a City or Town, State)							nd Number or Rural Route Number,			
COMPLETED	anal	ICIAN: To the best of my know							Puse(0)	and manner as stated.		
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIE	Bol A M	1.D-		DAST7	50	a) L	29d. OATE SE	GNEO (A	Aonth, Day, Year)		
		neher 50.	P Idlew	11/0	Easton	V 4	u)	160	,			
	31. DATE FILEO (Month, Day, Year) OCT 17 '9	32. REGISTRAR'S SIGN	Devidson-Rang	1000				1				



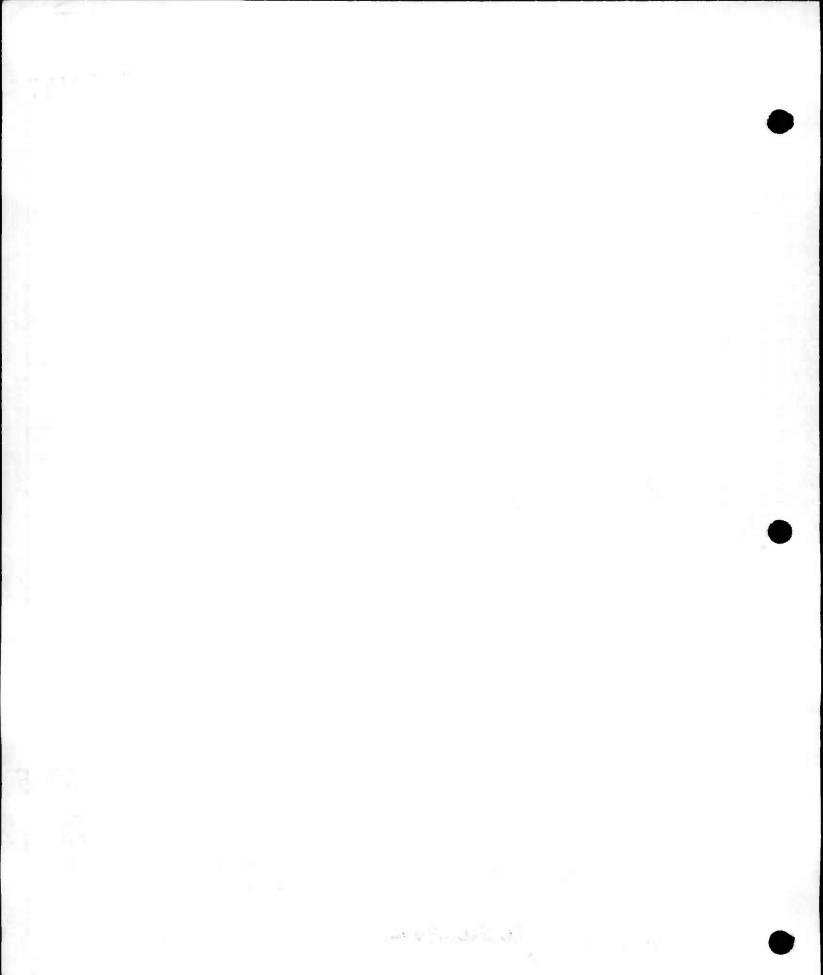
	E	
BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit preme. Pages oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicing. TO THE FINKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

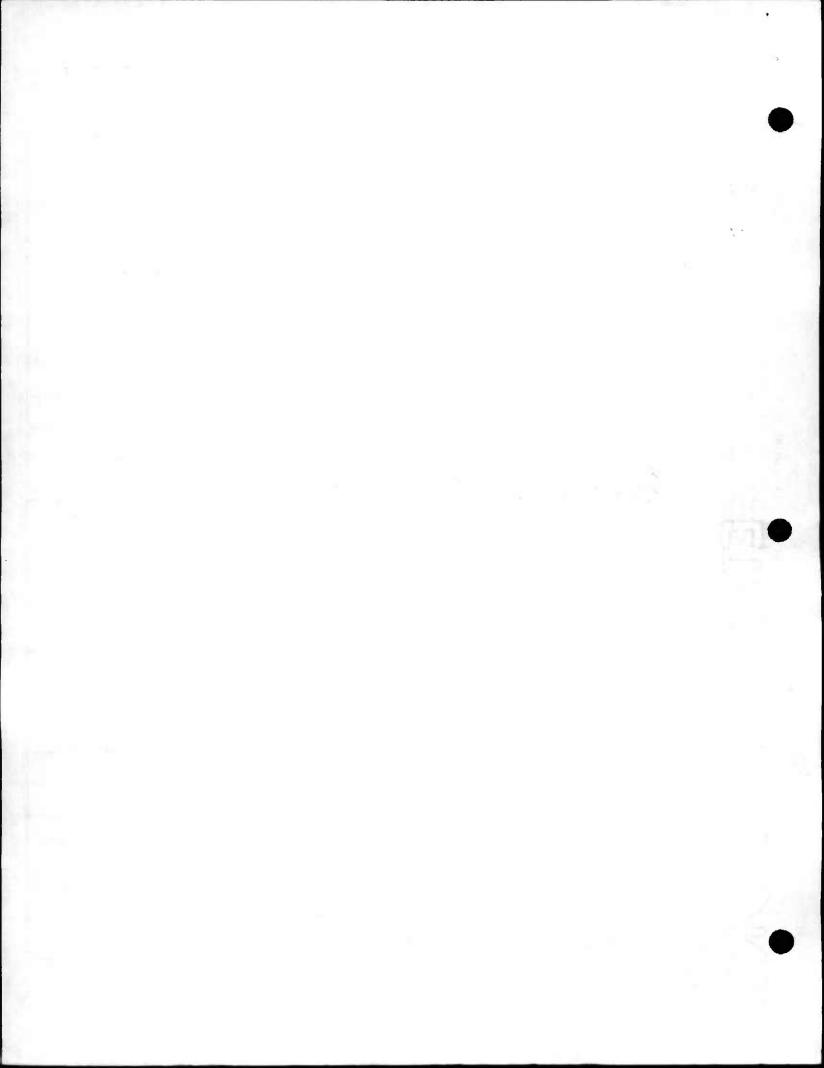
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. OECEOENT'S NAME (First,		RAYMOND	DALLAS	HAI	NES				2. DATE	of DEATH	, 199	1YEAR	3. TIME OF DEA 4:33 P	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. lesi		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or F	foreign
	213-58-9800		1 X M 2 F	40	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	22,		o Washington, D.C.		
OR	11505 Joseph	9a. FACILITY NAME (If not institution, give street and number) 11505 Joseph Mill Road						Sp1	ing	EATH		193	ntgom		
5	RESIDENCE OF DEC	10b. COUNT	v		100 017	Y, TOWN	OR LOCA	ION				•		10d, INSIDE CIT	v
DIRECTOR	Maryland		gomery			ver.								LIMITS?	
FA	100. STREET AND NUMBER 11505 Josep				10	209	906					States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	Married	12. WAS DECEDER	NT EYER IN U.S. ARI IXXYES 2 N WAR OR DATES	MED	13.	WAS DEC	ENDENT ecity Cut	OF HISPA en, Mexico Specia	NIC ORIGIN an, Puerto ly:	I? (Specify Yo Rican, etc.)		14. RACI	E — American Ind k, White, atc.	llen,
COMPLETED	(Specify only	Flementary/Secondary (0.12) College (1.4 or 5.4)						at of work	ding		rivat			ry	
	2 Computer Technician Private Industry 17. FATHER'S NAME (First, Middle, Leat) Raymond Thomas Haines 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Frances L. Klever														
TO BE	Frances L.		3	191	b. MAILING 1505	JOSE	s (Street	ind Numb	or or Rural Roa	Aoute Num	ber, City or To	wn, Stere, 2 Spri	ng, N	ND 20906	
	20a. METHOD OF DISPOSIT 1 Burial 2 Cormetic 4 Donation 5 Other	ANO OAT	e of olse	POSITION Place) emati	(Name		10-			- CHy or To Sprir	own, Stata ng, Maryl	and.			
	21. SIGNATURE OF PUNERA	L SERVICE LI	CENSEE	-M0036		22.	NAME A	ND ADOB	ESS OF F	al Se	rvice	s, P	.A.	,MD 2091	0
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiopulmonary Arrest Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury														
CERTIF	oue to (or as a consequence of): that initiated events resulting in death) LAST														
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
BY PHYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 N Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? WORK														
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									Route Number,					
COMPLETED	and and		SICIAN: To the best of											(a) and menner as	stated.
TO BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	relet,	KID				29c. LI	CENSE NO	IMBER 123	7.1			er 9, 1	
F	William C.	Sanche	ez, M.D.,	2232 Q	Stre	et,	NW,	Wasl	ningt	on,	D.C.	20008	3		
	31. DATE FILED (Month, Day, OCT 10	Year)		AB'S SIGNATURE	uplati	-									



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_	REGISTRAR			,	CENTR	ICALL	- 01	DEA	1.1.9	HE	G. NO.			_
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DE	DAY		YEAR	3. TIME OF DEATH
- 11	JOHN	STE								OCTOBER 11, 1991 10:00 A				
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day, JULY 5	Year)		8. BIRTHI Country	PLACE (State or Foreign
	216-28-4006		1 X M 2 - F	72	YRS.								MARY.	
_	9a. FACILITY NAME (If not in							OR LOCATI		ATH			NTY OF DE	
2	BAYSIDE NUI		HOME			LEX:	INGT	ON PA	ARK			ST.	MARY	'S
	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	MARYLAND	ST.	MARY'S			LEME	NTS							LIMITS? 1 YES 2 NO
F	10e. STREET AND NUMBER							f. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
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COMPL	17. FATHER'S NAME (First, M							_	HER'S NA	ME (First, Middle,		-	0.111	
	FRANCIS D	OMINIC	HEBB						ADEL			KNOV	νN	
O BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street	and Numbe	r or Rural i	Route Number, Cit	y or Town,	State, Zip	Code)	
=	JOHN FRANCI	S HEBB	3		GENER	AL D	ELI	ERY,	LEC	NARDTO	N, M	IARY.	LAND	20650
	20a. METHOD OF DISPOSIT 1 □_Burial 2 □ Crematic		novel from State		CE AND DAT			(Name		DATE	20c. LOCA	TION -	City or To	wn, State
	4 Donation 5 🗆 Other	r (Specify)			RLES M	EMOR	IAL			i	LEON	IARD	NWOT	MARYT.AND
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE (1	1	22. M/	A SMAN	NGLEY	SS OF FA	RDINER	EINE:	RÆT.	HOME	DA
	1/ Juch	all 9	Da	oline	2									AND 20650
	23. PART (. Enter the d	liseeses, or	complications th	et caused the	deeth. Do									Approximata
- 1	IMMEDIATE CAUSE (Fig		List only one ca	use on auch i	1 .						0		A .	Interval Between Onset and Death
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			DUE TO	OR AS A CON	SEQUENCE C	P):								
2	Sequentially list condit	tions.	P 7	16m	46									
Ĕ	If any, leading to imme cause. Enter UNDERLY	diata	DUE 10	OR AS A CON	ISECUENCE ();								
RTIFICATION	CAUSE (Diseese or injuthat initiated events		c	OR AS A CON	ISEOUENCE (DF):								-i
	resulting in death) LAS	ST	4											
3			d											
DICAL	PART II. Other algnifica	ant condition	na contributing to	death but n	ot resulting	in the u	nderlyir	g cause	given in		WAS AN AI PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ĕ	(3)				-					1 🗆	YES 2 5	NO	-	OF DEATH?
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PHYSICIAN: N	25. WAS CASE REFERRED 1	DO MEDICAL												
2	EXAMINER?	IO MEDICAL	HOSPITAL:			OTHE	R:			eck only one)				
<u>\$</u>	1 TYES 2 X NO		1 Inpetient 2		28b. Til	-	_	na 6 ∐ R JURY AT	aaldenca	6 Other (Spe 28d. DESCRIBI		HIRY OC	CURED	
	1 Natural 5 🗆	Pending		Day, Year)		JURY M	W	ORK? YES 2	NO				OONED	
B	2 Accident 3 Suicide	Investigation	26a. PLACE	OF INJURY A	I home, ferm,	street, fac				28f. LOCATION	(Street en	d Number	r or Rural F	Route Number,
	4 Homicide	Could not ba determined	building	, etc. (Specify)						City or Tow	rn, State)			
٦	29a. CERTIFIER 1 1 CER	TIFYING PHYS	SICIAN: To the best of	of my knowledge	, death occur	red at the	time, det	e end plec	e, end due	to the cause(e)	end menn	or as ata	ted.	
COMPLET	anal .) end manner as stated.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER .	0111	e			29c, LIC	ENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
BE	ALAN STATE		B. 7	11/1/3	-				3470			>	10	111191
임	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	SE OF DEATH	(ITEM 27) (Typ	e, Print)		, 50	31,0				, -	
	BHASKER JH	AVERI,	M.D.	SHANTI	MEDIC	CAL C	ENT	ER, I	EONA	RDTOWN	, MAF	RYT.A	ND	20650
	31. DATE FILED (Month, Day.	. Year)												
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IN THE MUSTIAL ON ALLENDING PHISIONNY, THE DAY REQUISE DISCUSS CONTRACTOR AND AND AND AND AND AND AND AND AND AND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	led within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burlal, cremation, or removal.	IMPORTANT: Himm 28 is marked or them 23 shows any inlury, or other traumatic event, the medical examiner must be notified at once.
10	TO THE	be filed	MADOR

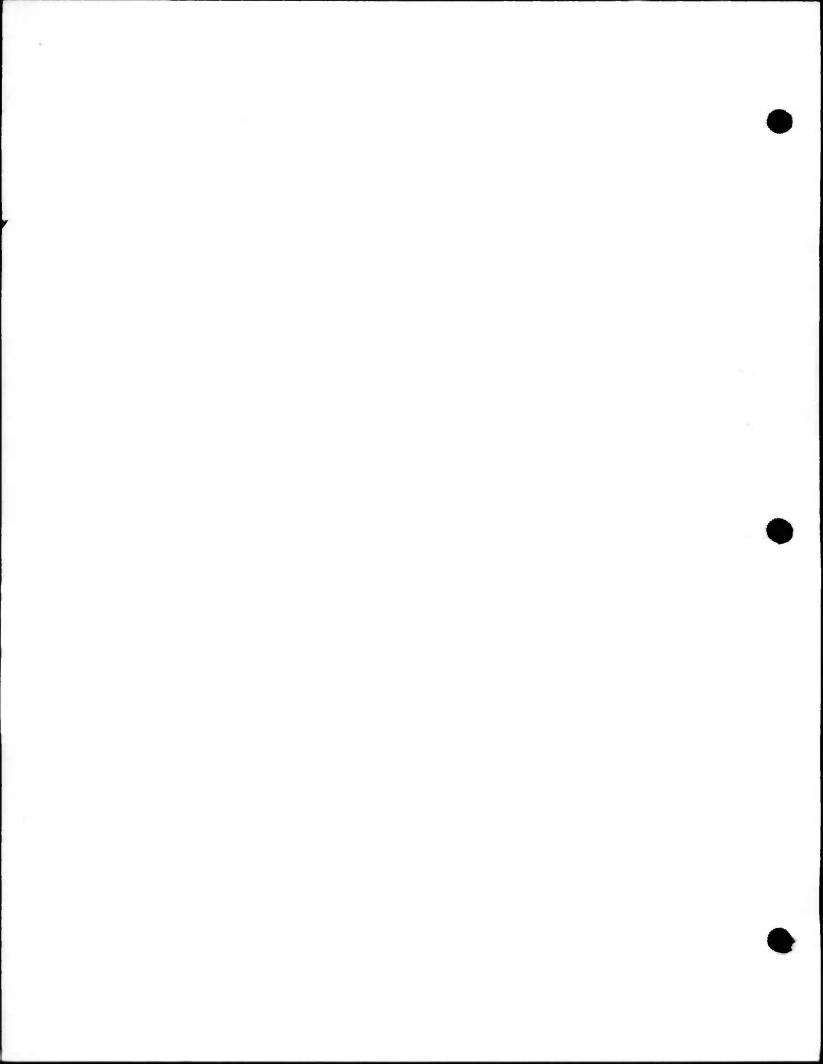
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH William Enchaw HORS/ Sr YEAR 5:30 a. M 20 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS BIRTHPLACE (State or Foreign Country) 1 1 W 2 1 F YRS. 217-10-3091 31 Oct Hag Maryland 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital DIRECTOR Hagerstown Washington 10a STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY 1 - YES 2 NO Maryland Washington Hagerstown FUNERAL 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 103 Windsor Circle 21740 S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerlo Rican, of

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White 0 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) Collega (1-4 or 5+) 12 Salesman Hardware Store 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roy M. Horst BE Marv Earnshaw 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Horst Charlotte R. 103 Windsor Circle Hagerstown. Md 21740 20a. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremellon 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Rose Hill Cemetery Hagerstown, Md 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING **CAUSE (Disease or Injury** that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO LETION OF CAUSE 1 | YES 2 | NO. OF DEATH? 1 YES 2 NO her PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO mt 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 - Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as atteted. ATOME AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d DATE SIONED Month BE

32. REDISTRANS SIGNATURE.

22 '9



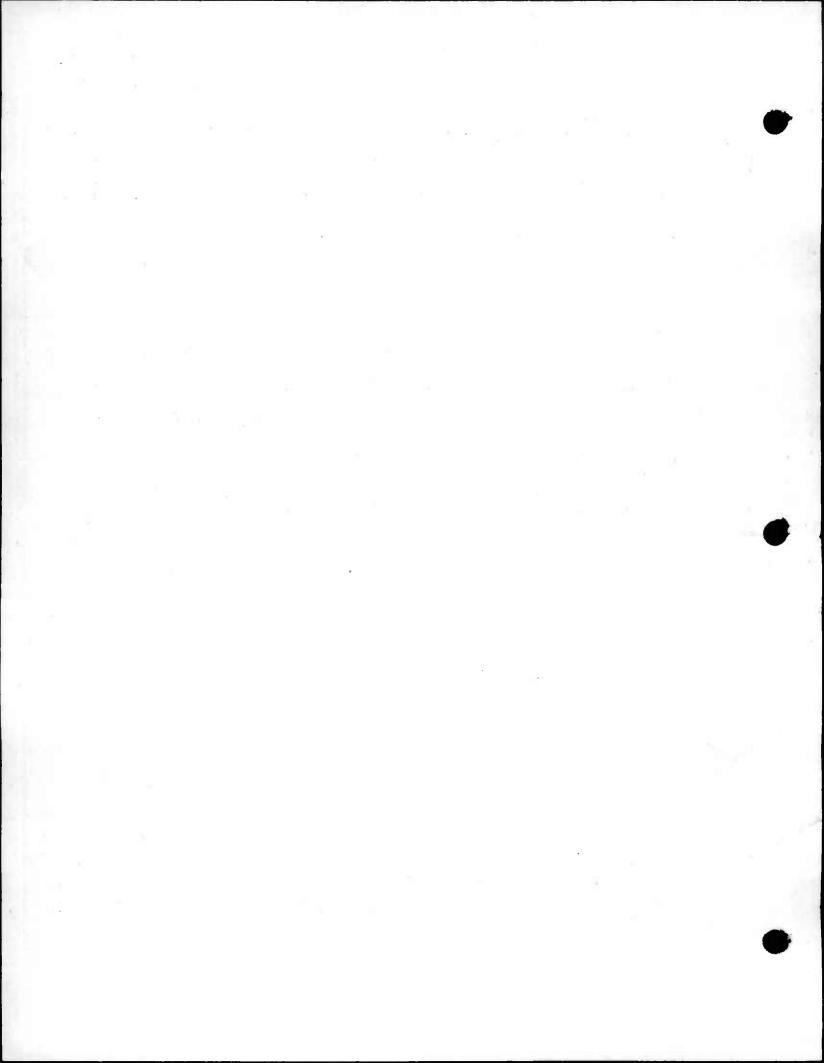
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

Second Secondary Numbers S. SEX S. ADE (P) yrs. Inset Demoky F. MORTES HIPS. P. LANCE (Plane of Positive Mortin) S. SEX S. ADE (P) yrs. Inset Demoky F. MORTES HIPS. P. LANCE (Plane of Positive Mortin) P. MORTES HIPS. P. LANCE (Plane of Positive Mortin) P. LANCE (Plane of Po	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT (OF HEALTH AND	MENTAL HYGIE		
212-05-6004 De la F 78 Yea Shorten Date Dat	CHARLES FREDE	RICK HILDENBRA	AND			2. DATE OF DEATH MONTH OCTOBER	09 1991	4:32 p M
Sec. COUNTY AMERY (no beathers) of the country of beath Sec. COUNTY						(Month, Day, Year)		Country)
No. STREET WAS COUNTY No. COUNTY No. CONTY No.				9b. CITY, TO	OWN OR LOCATION OF E			
Mary Mary Mashington Washington Wa				Wi	lliamsport	,	WASH	INGTON
2750 Virginia Ave. 1	toe, STATE 10b, CO	UNTY						
2750 Virginia Ave. 11. MARTIEL BITCHE 12. MAR DECEDENT FYRIN IU.S., AMBED 13. MARTINE BITCHE 14. MARTIEL BITCHE 15. MAR DECEDENT FOR SHARE OF		shington	Wi	lliams			Tan- Olympia	
11. MARTINES STATUS The Work Martined 21. Was DECERBORY FOR IN MARK OF PART NO. 19. AND ACCORDANCE OF PART NO. 19. AND A		IVE						
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To particularly banker (First, Mospe, Large) Charles Raymond Hildenbrand The informative state (Type)-Mospe The particular state (Type)-Mospe The particular state (Type)-Mospe The informative state (Type)-Mospe Lillian E. Hildenbrand The informative state (Type)-Mospe Lillian E. Hildenbrand The movement of mark from the state (Caryottee) Lillian E. Hildenbrand The movement of mark from the state (Caryottee) The mark from the state from the state (Caryottee) The mark from the state from the state (Caryottee)	15. DECEDENT'S (Specify only highest)	EDUCATION grade completed)	(Give kind of	work done dur	UPATION ing most of working	16b. KIND OF	BUSINESS/INDUS	STRY
The Parties Name (Frac, Modes, Lavi) Charles Raymond Hildenbrand The Michael Raymond Hildenbrand The Michael Raymond Hildenbrand The Michael Raymond Hildenbrand The Michael Raymond Hildenbrand The Michael Raymond Round Nambus (Day or Burn, State, 20 Code) 2750 Virginia Ave. Cottage #145 Williamsport, MD2175 206, BETWOO OF DEPOSITION Removal from State All Downston 5 of Dever (Specify) ROSE HILL CEMETER VIV. 206, DEPOSITION Removal from State ROSE HILL CEMETER VIV. 207, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 208, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 208, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 208, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 208, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 209, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 209, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 200, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 200, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 201, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 202, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 203, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 204, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 205, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 206, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 206, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 207, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 208, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 209, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 200, DEPOSITION (Name of commissions) ROSE HILL CEMETER VIV. 201, DEPOSITION (Name of commissions) ROSE DEPOSITION (Name of commissions) ROSE DEPOSITION (Name of commissions) 207, DEPOSITION (Name of commissions) ROSE DEPOSITION (Name of commissions) ROSE DEPOSITION (Name of commissions) ROSE DEPOSITION (Name of commissions) ROSE DEPOSITION (Name of co					ngineer	Flectr	ic Power	r Manufacturo
The INFORMANT'S NAME (Typen-Prind) Lillian E. Hildenbrand 2750 Virginia Ave. Cottage #145 Williamsport, MD2175 280. METNOR OF BROSSITION 1 & DESCRIPTION (Name of cemelary, cemelatory or control flexible) 280. METNOR OF BROSSITION 1 & DESCRIPTION (Name of cemelary, cemelatory or control flexible) 280. METNOR OF BROSSITION 1 & DESCRIPTION (Name of cemelary, cemelatory or control flexible) 280. METNOR OF BROSSITION 1 & DESCRIPTION (Name of cemelary, cemelatory or control flexible) 280. METNOR OF BROSSITION 280. METNOR OF BROSSITION 280. METNOR OF BROSSITION 280. METNOR OF BROSSITION (Name of cemelary, cemelatory or control flexible) 280. METNOR OF BROSSITION 280. METNOR OF BROSSITION (Name of cemelary, cemelatory or methods) 291. MAME AND ADDRESS OF FRICHTY ON BORNE FUNDRAL HOME P.O. BOX # 348 Williamsport, MD 21740 292. MAME AND ADDRESS OF FRICHTY ON BORNE FUNDRAL HOME P.O. BOX # 348 Williamsport, MD 21795 293. MAME AND ADDRESS OF FRICHTY ON BORNE FUNDRAL HOME P.O. BOX # 348 Williamsport, MD 21795 294. METHOR OF CAUSE (Final death) 295. DUE TO UN AS A CONSCIUENCE OP: C. DU)	1 210001					- Hallarac care
2750 Virginia Ave.Cottage #145 Williamsport.MD2179 20s. METHOD OF DEPOSITION 20s.		Raymond						
Section of Description Remove from State 200, PLACE OF DISPOSITION (Name of cereiles), coverainty or 30c. LOCATION — City or Town, State 11 Cemeter Y 12c. NAME AND ADDRESS OF FACELY ON SOR HILL CHILD 12c. NAME AND ADDRESS OF FACELY ON SOR HILL CHILD 12c. NAME AND ADDRESS OF FACELY ON SOR 12c. NAME AND A		nhrand						
23. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF TOWARDA SERVICE LICENSEE 23. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY	20e. METNOD OF DISPOSITION	12	20b. PLACE OF DISPO					
OSBORNE FUNERAL HOME P.O.BOX # 348 WITT I amsport, MD 21795 23. PART I. Epfor the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Battweet Onset and Datt Interval Battweet Onset Interval Battweet Onset Interval Battweet Onset Interval Battweet Onset Interval Battweet Onset Interval Battweet	4 Donation 5 Other (Specify)		Rose Hil				gerstow	n,MD 21740
AMBEDIATE CAUSE (Final disease or condition resulting in death) DUE TO MY AS A CONSEQUENCE OF: DUE TO MY AS A CONSEQUENCE OF: DUE TO MY AS A CONSEQUENCE OF: Cause. Enter VINDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO MY AS A CONSEQUENCE OF: DUE TO MY AS A CONSEQUENCE	21. SIGNATURE OF FUNERAL SERVICE My M	e cicensee		08	BORNE FUNE	RAL HOME	sport.M	D 21795
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSECUENCE OF) Ad.	alidok, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TOUR	POY(S A CONSEQUENCE N E WW	EM(OF): LON(A	A			Interval Batween Onset and Death
AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANYER OF DEATH 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANYER OF DEATH 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 29. DATE OF INJURY 1 YES 2 NO 29. DATE OF INJURY 20. DATE OF INJURY 20. DATE OF INJURY 20. DATE OF INJURY 21. NJURY AT WORK? 22. NJURY AT WORK? 23. Suicide 4 Homicide 4 Homicide 4 Homicide 5 Gould not be datermined 29. CERTIFIER (Check only one) 29. PLACE OF INJURY 20. INJURY AT WORK? 20. DATE OF INJURY 21. NJURY AT WORK? 22. NJURY AT WORK? 23. UNCOMPLETION (Street and Number or Rural Route Number, City or Town, Stelle) 29. CERTIFIER (Check only one) 29. DEATH 29. SUBJECT OF INJURY 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year)	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	SA CONSEQUENCE NEAGL	TON	BILITY	1		
HOSPITAL: 1 ryes 2						PER	FORMED?	COMPLETION OF CAUSE OF DEATH?
1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATH Manual				Ctrus D.	26. PLACE OF DEATH (Check only one)		
Second S		1 Inpetient 2 ER/O		4 Nursin			w hullow oppose	070
3 Suicide 4 Homicide 5 Could not be determined 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the Ilms, date and place, and due to the cause(s) and manner as stated. 29e. Signature 29e. Signat	Natural 6 Pending	(Month, Day, Year		NJURY M	WORK?	28d. DESCHIBE HO	W INJUHY OCCU	RED
(Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, and dus to the cause(e) and manner as stated. 298. SIED-AURIE STITLED CONTROL OF PERSON WHO CONTROL OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO CONTROL OF DEATN (ITEM 27) (Type, Print) 87.5 Howard Address of Person WHO CONTROL OF DEATN (ITEM 27) (Type, Print)	3 Suicide 6 Could no	28e. PLACE OF INJU	JRY — At home, farm (pec/ly)	, street, factor	y, office			r Rural Route Number,
30. May and Address of Person Wind Conference of Death (IPEM 27) (Type, Print) TOHER METZNER 1875 Hawae Not Honorytean, Ins	(Check only							
STEPHENE METERIA 1825 Howare No Allangrey, his	Michille	Famu	y PHY	15/11	29c. LICENSE N	7067	29d. DATE S	SIGNED (Month, Day, Year)
UU 10 91 Tieke Dairidana Thanks 00	31. DATE FILED (Month, Day, Year)	E METRINI	3	1825	Hawre	elle 1	Tream	rear, lux



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ב ב	require	of He	shows
Z	The law	te Dept	m 23
	CIAN:	ertificat	or ite
DIVISION OF VITAL RECORDS, F.O. BOX 66/60, CALLIMONE, MAIN CAIND STRIS-0025	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 musts after death. Page 6 may be rotalined by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
200	ENDING	DR: Afte	B is m
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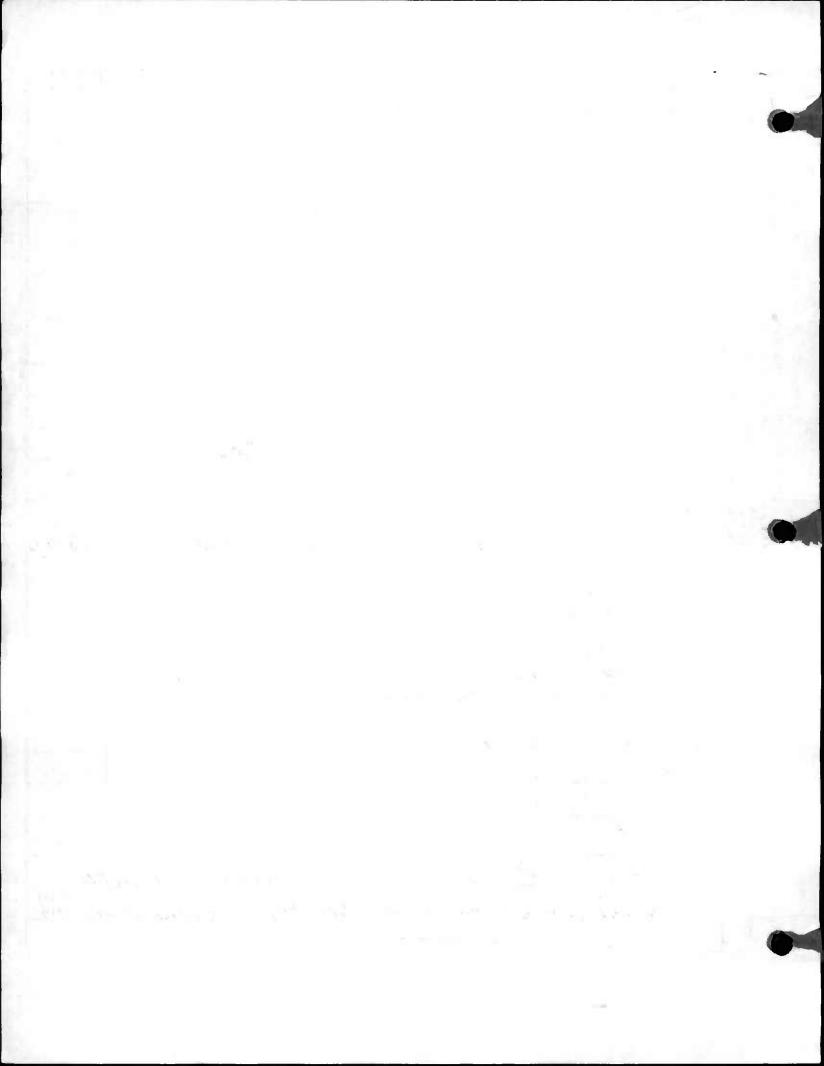
HOSPITAL FUNERAL I WITHIN 72 H

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR 10-15-91 5:15 P M William Harvey Hill 7. DATE OF BIRTH
(Month, Day, Year)
May 23, 1903 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Maryland 218-14-8738 88 1 X M 2 | F sc. county of OEATH Montgomery 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH Montgomery General Hospital Olney DIRECTOR RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY LIMITS? Woodbine Maryland Howard 1 TES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP COOE 21797 U.S.A. 15902 Union Chapel Road 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If was specify Cuben, Mexican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: FORCES? 1 YES 2 2 17 NO 1 Never Married 2 2 Married specify: White BY 3 Widowed 4 Divorced ETED 15. OECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Give kind of work done is. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+)
None Farmer COMPL yrs. 16. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Last) John Hill Lucretia Kruhm 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
15902 Union Chapel Rd. Woodbine, Md. 21797 19e. INFORMANT'S NAME (Type/Print) Elva D. Hill 20e. METHOD OF DISPOSITION
1 © Burtel 2 □ Cremetton 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 10/10/91 Howard Co., Maryland Memetary Crematory Cometery 21. SIGNATURE OF FUNERAL SERVICE WOEN 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home unce 21784 Winfield, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate ahock, or heart failure. List Dnly one cause Dn each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease Dr condition DOWEL 8 Itres SMALL OBSTRUCTION reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PNEUMONIA AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO · ISCHEMIC ITEMPET PUISASE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpetient 2 | FER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a 🗌 Could not be COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 21029 EVELYN JACKSON MO 32. REGISTRAR'S SIGNATURE

Lulia Davidson

16'91



1	- STATE REGISTRAP
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	JULES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29152

	HEGISTRAR		CE	ERTIF	ICATE	OF	DEATH		REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F OEATH	MY	YEAR	3. TIME OF D	DEATH
	JULES	T			HSON	1		10	0	8	91	1:30	P
	4. SOCIAL SECURITY NUMBER 131 22 0353	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	004	S. BIRTI Count		or Foreign
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH						924 NY		
OR	4005 BAND SHEI	L COURT		33	96. CITY, TOWN OR LOCATION OF DEATH CHESAPEAKE BEACH CALVERT								
5	RESIDENCE OF DECEDENT							ALI		ILAI	. V F. R		
DIRECTOR	MD 106. COUN	Calve	rt	t0c, CIT	Y, TOWN O	R LOCAT		apeak	е Ве	ach		10d. INSIDE (LIMITS? 1 X YES 2	
FUNERAL	10e. STREET AND NUMBER 400	5 Band S	hell C	t.		101	ZIP CODE	0732	0732 USA				Y?
B	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 5 1F YES, GIVE WAI WW II	YES 2 N	MED IO	'	t yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 M NO Spec	cen, Puerto Ric	(Specify Ye	s or No-	14. RAC Blac Spec	E — American k, White, stc.	
	15. DECEDENT'S ED	UCATION	téa. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. P	UND OF BU	SINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)					st of working neer			. Go			
Σ	17. FATHER'S NAME (First, Middle, Last)	J T									· ·		
BE CC	T. PATRICK'S NAME (PISI, MIGGIE, LESI)	Isidor	Joseph	son			18. MOTHER'S N	a Sch					
	19s. INFORMANT'S NAME (Type/Print)		196	. MAILINO	ADDRESS	(Street e	nd Number or Rura	l Boute Numbe	r City or Toy	vn State 7	in Code)		
2	Lili Josephs	on					0 abov		,	,	, 0000)		
	20s. METHOD OF DISPOSITION		20b. PLACE A					DATE	200 10	CATION -	City on T	Parts	
	1 Burlel 2 X Cremetton 3 Red 4 Donation 5 Other (Specify)	movat from State	cemetery, crei	metory or of	ther plecel								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	IMetro	DOT	1 tar	I CT	emator	Y I I U /	10/9	1 A1	exa	ndria	VA
	+ William &	2 Sho	~				ch Fune		Home	, Ow	ing	s, MD	
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. MGC DURTO (O	OR AS A CONSECUTION AS	VENCE OF	7:	Dr. ord	e barch ionscu	ion	015	اعما	se		
	PART II. Other eignificent condition	ne contributing to de	eeth but not re	esuiting i	in the un	deriying	g cause given in	n Part I. 2	4s. WAS AN		246	WERE AUTOPS	
MEDICAL								_ /	YES 2			COMPLETION I OF DEATH? t YES 2	OF CAUSE
rn tolcian:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (C	heck only one)					
7	TY YES 2 NO	HOSPITAL: t ☐ Inpetient 2 💢 E	R/Outpatient 3	□ DOA	OTHER		s 5 Residence	6 Other (Specify)				
	27. MANNER OF DEATH t Natural 5 Pending	28s. DATE OF IN (Month, Day,		26b, TIMI INJ		26c. INJ	URY AT	26d. DESCI		NJURY OC	CURED		
EU BY	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF I	INJURY — At hor c. (Specify)	ne, fsrm, s	treet, tacto			28t. LOCAT City or	ION (Street Town, State)	and Numbe	r or Rural I	Route Number,	
COMPLETED	29s. CERTIFIER 1 CERTIFYINO PHYS	BICIAN: To the best of m	y knowledge des	th occurre	ed at the ste	me data	and place, and di-	a to the server	(a) as 4 ···		ded.		
Š	one) 2 MEDICAL EXAMIN	ER: On the basia of sxar	mination and/or is	nvestigatio	n, tn my op	olnion, de	eath occured at th	e time, dats sr	nd placs, sr	nd dus to ti	nea. he csuse(s	end manner s	s stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER O ALO					29c. LICENSE NU	IMBER		29d. DAT	E SIGNED	(Month, Day, Ye	er)
2	Marinte	rem					0 C M	E					
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM			m = ==	0.C.M				/09/		
	31. DATE FILED (Month, Day, Year)	13) PEGGETHAN	S SIGNAM RICK-	PEN	IN S'	TRE	ET, BAL	TIMOR	E, MA	RYL	AND	21201	
	OCT 1 0 1991	Julia Davido	on-Manda										



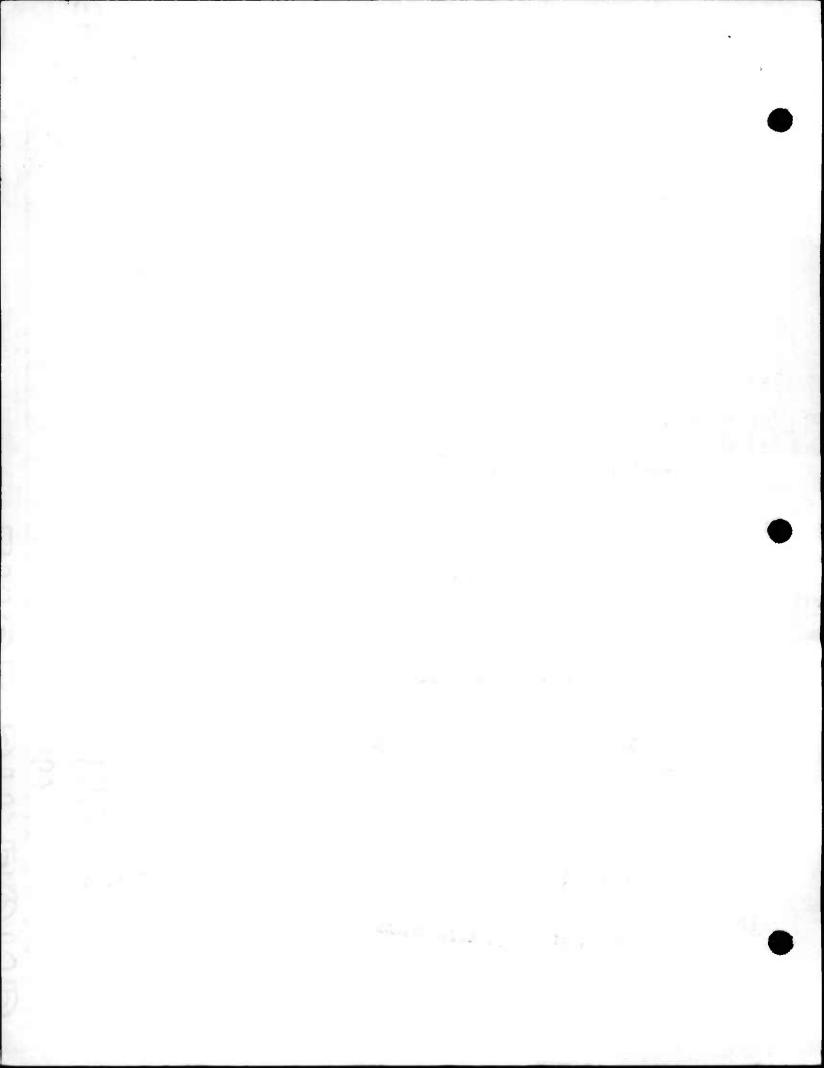
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	RE	EG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
		HNSON				ER 4, 19	91	4:05 P.
4. SOCIAL SECURITY NUMBER 578-54-2148	5. SEX 6.	AGE (In yrs. lest birthday) 77 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, SEPT. 18	(Year)	Count	HPLACE (State or Foreign bry) HINGTON, D.
9a. FACILITY NAME (If not institution, give ST. MARY S NURSI FESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND ST.				RDTOWN	EATH		MAR	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
MARYLAND ST.	MARY'S		LEONARD					LIMITS?
10s. STREET AND NUMBER CEDAR LANE APTS 11. MARITAL STATUS 1 Never Married 2 Married			10	20650		10g. CI	U.S.	A.
3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 1 NO Specif	in, Puarto Rican,	ecify Yea or No— , atc.)	Spec	E — American Indian, ik, Whita, etc. city: WHITE
15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest)	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON ast of working	18b. KINI	D OF BUSINESS/IN	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	SWITCH I	work done during mose retired.) BOARD OP		INVI	ESTMENT	FIRM	
17. FATHER'S NAME (First, Middle, Last)			_	18. MOTHER'S NA	ME (First, Middle	e, Malden Surname))	
FREDERICK	FERBER	<u> </u>		CLARA		SON		
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
MRS. JOANNE E. GR	ANT	1366 1	PLOVER C	T., PUNT	A GORDA			
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Real 4 Donation 5 Other (Specify)	novel from State	20b. PLACE ANO OATI	or other place)	(Name	10/9			own, Stata MARYLAND
21. SIGNATURE JUHERAL STAYON	Bany sfield, Jr	VI	22. NAME A	ND ADDRESS OF FA				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Mer TO (OF	AS A CONSEQUENCE O	mor					
PART II. Other significant condition	ons contributing to de		in the underlyin	g ceuse given in		. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	heck only one)			
EXAMINER?	HOSPITAL:	NOutpatient 3 DOA	OTHER: 4 X Nursing Hor	ne 5 🗆 Residence	8 Other (So	ec/fv1		
27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	IURY 286. TIN	IE OF 28c. IN	JURY AT DRK? YES 2 NO	1	BE HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF III	JURY — At home, farm, (Specify)	street, factory, offi	:•	28f. LOCATIO City or To	N (Street and Numi	ber or Rural	Route Number,
000011 01111	SICIAN: To the best of my							(a) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	Ferm	DE DEATH (ITEM 27) (NO	a Print)	DO (3 SD			B (Month, Day, Year)
JOHN F. FENWICK 31. DATE FILED (Month, Day, Your) OCT 0 9 '9	, M.D., MEI			LEONARDTO	OWN, MA	ARYLAND	20650	0



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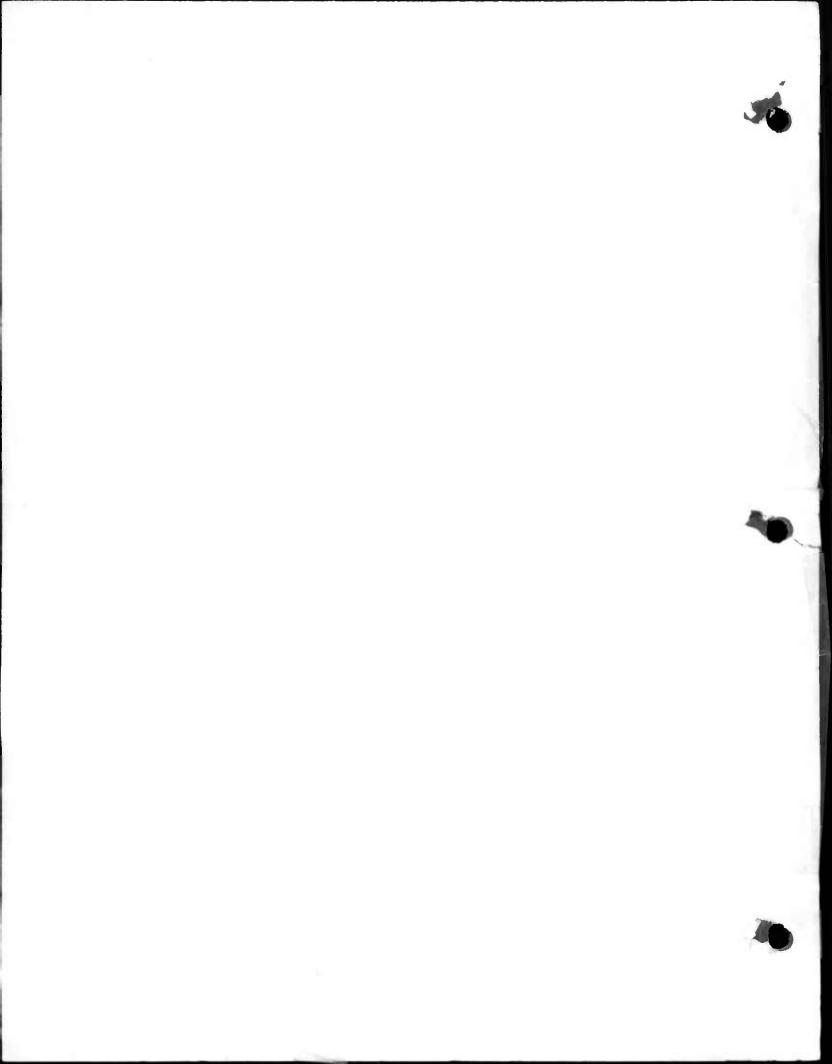
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10.	21	40	U

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	21	49154
1	1. DECEDENT'S NAME (First, Middle, Last) JAYME BRI	AN JONES		2. DATE DF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	TA Ym. &	- 1	n c デ	A	16 91	23:50 M
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS	7, DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	212-90-2564 1☒м2□F	14 YRS.	ONTHS DAYS HOURS MIN	(Month, Day, Year) 2-20-1977	Cour	
ļ	9s. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	aryland DEATH
œ			-1 1 12 N W W W			28
2	Washington County Hospital		Hagerstown		Washi	ngton
<u>n</u>	10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN DR LOCATION			10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland Washington	Roon	sboro			1 X YES 2 □ NO
	10e. STREET AND NUMBER	1 1000	10t. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	214 Weldon Drive		217	13	U.S.	Α.
Ξ.	11, MARITAL STATUS 12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS DECENDENT OF HIS		or No.— 14. RA	CE American Indian.
	1 Never Married 2 Merried FORCES? 1 FYES, GIVE WAR		If yes, specify Cuben, Mer 1 NES 2 ND Sp		10.00	eck, White, etc.
B⊀	3 Widowed 4 Divorced		,	,-		White
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working	18b. KINO OF BUS	BINESS/INOUSTRY	
Щ	Elamentary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use n	retired.)			
릴	9 Years	Stud	ent	High	School	
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maiden	Surneme)	
	Ronald L. Jones		Kath	v V. Smj	th	
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DDRESS (Street and Number or Ru		n, State, Zip Code)	
2	Ronald L. Jones	214 We	ldon Drive Bo	onsboro. Mai	vland	21713
1	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	ION (Name of cemetery, crematory		CATION — City or	
	1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Boonsboro (Cemeterv	BCO	nsboro.	Maryland
	21. SIGNATURE DF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS DE	FACILITY		
1		1 N-M.				nal Pike
	Douglas A. Fiery / /Que					Maryland
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one course	eused the deeth. Do not on sech line.	enter the mode of dying,	uch ee cerdlec or reep	ratory errest,	Approximets Interval Between
	IMMEDIATE CAUSE (Fine)					Onset and Death
ĺ	disesse or condition ssssssss	necks	Hend TVA	- b bee a		5 c Jack
ĺ		R AS A CONSEDUENCE OF):				
Z	6 b.					
CERTIFICATION	If eny, leeding to immediate	R AS A CONSEQUENCE OF):				
2	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury					
쁜	thet initieted events resulting in death) LAST	R AS A CONSEQUENCE OF):				
H	d.					
	PART II. Other significent conditions contributing to de	eath but not resulting in	ths underlying cause giver	In Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
3				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 _ YES :	NO	OF DEATH?
Σ				1		1 NES 2 NO
4.0						
Z						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF OEATH	(Check only one)		
YSICIAN	EXAMINER? 1 YES 2 NO 1 Input lant 2 I	ER/Outpatient 3 DOA 4	OTHER: I □ Nursing Home 5 □ Resider	ca 8 - Other (Specify)		
PHYSICIAN	EXAMINER? HOSPITAL:	ER/Outpatient 3 DOA 4	OTHER: Nursing Home 5 Resider OF 28c, INJURY AT WORK?		INJUBY OCCURED	<u></u>
BY PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL:	ER/Outpatient 3 DOA 4 AJURY 28b. TIME (Year) INJURY	OTHER: Nursing Home 5 Resider OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. OESCRIBE HOW	fren A	ito
B∀	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be PACE OF Duilding, at	AJURY 28b. TIME INJURY 1 INJURY At home, farm, str	OTHER: Nursing Home 5 Resider OF 28c. INJURY AT WORK? N	28d. OESCRIBE HOW Thrown 28t. LOCATION (Street City or Town, State	Fren A	c T & al Route Number,
BY	EXAMINER? 1 YES 2 NO 1 Inpettent 2 Inpet	JURY 28b. TIME INJURY 49ar) INJURY At home, farm, str	OTHER: Nursing Home 5 Resider OF 28c. INJURY AT WORK? N	26d. OESCRIBE HOW Thrown 281. LOCATION (Street	Fren A	al Route Number,
B∀	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 6 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYSICIAN: To the best of many control of the determined control of the control of the determined control of the control	INJURY 20b. TIME: (No) INJURY 4 home, farm, str. (C. (Specify)	OTHER: Nursing Home 5 Rasider OF 26c. INJURY AT WORK? M 1 YES 2 NO reet, factory, office	28d. Other (Specify) 28d. OESCRIBE HOW Thrown 28t. LOCATION (Street City or Town, State WAS A	fren A and Number or Aun ligta (el Route Number,
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COMPLETED BY	EXAMINER? 1 VES 2 NO 1 Inpartent 2 Inpar	INJURY 28b. TIME INJURY 20b. TIME INJURY	OTHER:	28d. OESCRIBE HOW Thrubu 28d. LOCATION (Street City or Town, State WAT /4 due to the cause(s) and ma the time, date and place, as	foce A and Number or Run Ly Cu C nor as stated. Ind due to the cause	G oe(a) and menner as stated.
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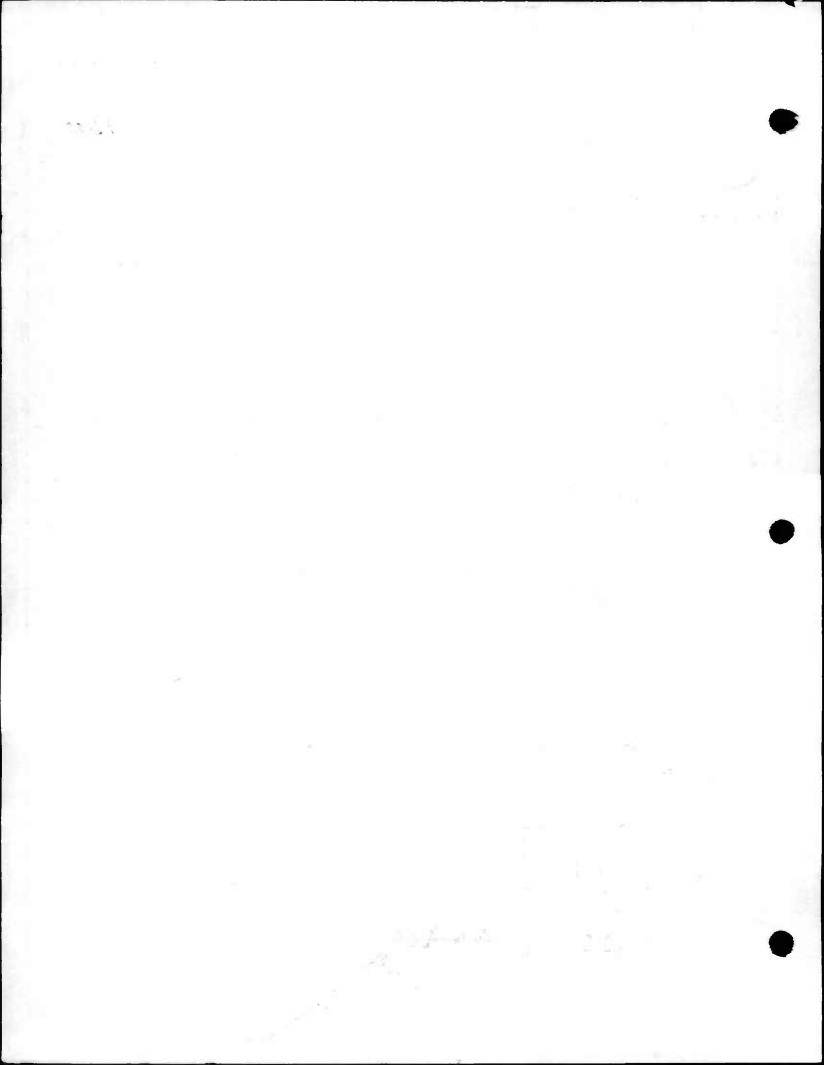




1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle HARRTET E'	e, Last) THEL KESSLE	R		IOAIL	0.	DEATH	MONTH	of DEATH	AY	YEAR O.1	3. TIME OF	
1	4. SOCIAL SECURITY NUMBER 051-30-9676	5. SEX 1 M 2 X F	6. AGE (In yrs. ia:		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 15, 19:		a. BIRTH	PLACE (Stone	or Foreign
OR	90. FACILITY NAME (If not institution 122 St. Lawren	n, give street and number) nce Drive	30	1110.			OR LOCATION OF E		13,13	9c. COU	INTY OF D	EATH	
DIRECTOR		county ntgomery			y, town or lver							10d. INSIDE LIMITS 1 X YES	?
FUNERAL	100. STREET AND NUMBER 122 ST. LAWRE	NCE DRIVE					20901				S.A.	WHAT COUNT	RY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. AI 1 YES 2 XX WAR OR DATES		H	yes, sp	CENDENT OF HISPA pecify Cuban, Maxic S 2 XNO Spec	an, Puarto I		or No-		- American k, White, etc. lly:	indian,
TED		r's EDUCATION est grade completed)	(0		USUAL OC work done d		ION ost of working	16b	KIND OF BU	SINESS/IN	DUSTRY		
PLE	Elamentary/Secondary (0-12)	College (1-4 or 1	5+)		Mana	ger		1	Dentis	t			
BE COMPLET	17. FATHER'S NAME (First, Middle, I						18. MOTHER'S N Shirley			Surname)			
10	19a. Informant's NAME (Type/Pri Dr. Matthew Ke						ence Dr.					Md. 2	20901
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 4 Donation 5 Other (Spec		20b. PLACE of competant Jude 2	ano oat cremator in Me	e OF OISPO y or other pl moria	SITION	N (Name Garden	10/	29c. LO		Mary		
	21. SIGNATURE OF FUNERAL SER	Hagau			Dan	zar	nd address of racky-Gold	dberg	Memore; Roc	ial kvil	Chap	els, i	Inc. 0852
NO	23. PART i. Enter the disees shock, pr heart if IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	s	nat caused tha dause on each iin	ouence of	scul	a	rarre	5+	diac or reap	iretory a	rrest,	inter	oximete val Betwee t and Deat
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		TO (OR AS A CONSE										
MEDICAL	PART II. Other aignificant co	onditions contributing	to death but not	resulting	in tha un	derlyir	ng cause given i	n Part I.	24a. WAS AN PERFO 1 YES	RMED?	241	MAILABLE COMPLETIO DF DEATH?	PRIOR TO N OF CAUSE
CIAN	25. WAS CASE REFERRED TO MEI EXAMINER?	DICAL HOSPITAL:			OTHER		PLACE OF DEATH (C	Check only o	ne)				
PHYSICIAN:	1 VES 2 NO 27. MANNER OF OEATH	1 □ Inpatient 2 28s. DATE (Month.	OF INJURY , Day, Year)	26b. Til	4 🗆 Nun	ing Ho	me 5 Residence		er (Specify) SCRIBE HOW	INJURY O	CCURED		
B	3 Suicide 6 Could	igation 28e. PLACE	OF INJURY — At h	ome, ferm,	M street, factor		YES 2 NO		CATION (Street or Town, State		er or Rural	Route Numbe	
COMPLETED	contact only	IG PHYSICIAN: To the best										a) and manne	or an stated.
TO BE COM	29b. SIGNATURE AND TITLE OF C	110				Ϊ	29c. LICENSE N		S			(Month, Day	
F		Nummel; 1	0215 Fer			d,	#303; Be	thesc	la, Ma	ry1a:	nd 20	817	
	31. DATE FILED (Month, Day, Year)	32. REGIST	PAR'S SIGNATURE	hode	2								



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84	ges 1, 2, 3	A.3.	FZV
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,2,3 should	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	upongrant: a less 28 le market or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

John F.

31. DATE FILED (Month, Day, Year)

OCT 15 '91

TAuber,

M.D.;

32 REGISTRAR'S SIGNATURE
Julia Davidon Rando 182

	FOR 1 . STATE	STATE OF MARYLA					_	1 29156
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CALE OF	DEATH	REG. NO		3. TIME OF DEATH
_						MONTH D		RAE RAE
`		5. SEX	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	October 9		BIRTHPLACE (State or Foreign
ر د	094-20-5363	1 🗆 M 2 💢 F 64	YRS.	IONTHS DAYS	HOURS MIN.	Dec. 11,		.Y., N.Y.
TOR	3507 Farthing Dri				eaton	EATH	Montg	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO
FUNERAL	10e. STREET AND NUMBER 3507 Farthing Driv				ZIP CODE 20906		U.S	OF WHAT COUNTRY?
B⊀		12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yen, Puerlo Rican, etc.) y:	s or No- 14.	RACE — American Indian, Black, White, stc. Specify: White
COMPLETED	15. OECEOENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12) 12	ATION ompleted) College (1-4 or 5 +)	16e. DECEDENT'S U (Give kind of wo iife. Do NOT use Teacher	SUAL OCCUPATION rk done during mo retired.)	ON st of working	16b. KIND OF BU	Acade	
BE COM	17. FATHER'S NAME (First, Middle, Last) Abraham Weinblum				18. MOTHER'S NA Ruth W	ME (First, Middle, Maide)	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Martin Kroll (S	son)				Route Number, City or Tox.; Gaithers		
	20e. METHOD OF DISPOSITION 1.X. Burlet 2 Crymetion 3 Remove 4 Donation 8 Other (Specify)		PLACE ANO DATE			oate 20c. Lo en 10/13 Fa		
	21. SIGNATURE OF FUNERAL SERVICE LICE			Danzai	nsky-Gol	dberg Memo	rial C	hapels, Inc. e, Md. 20852
	23. PART I. Enter the disease, or co ahock, or hear failure. L IMMEDIATE CAUSE (Finel	implications that caused list only one cause on ea	the death. Do no					
	disease or condition resulting in deeth)	OUE TO (OR AS A	CONSEQUENCE OF	د ا	arry	the mia		
LION	Sequentially list conditions, if any, leading to immediate		COTO CONSEQUENCE OF)		y a	afery	Dès	Autor
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:		-		
ER	d.					- //-	-	
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	contributing to death be	ut not resulting in	the underlyin	g ceuse given in	Part I. 24s. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN		HOSPITAL:		26. P	LACE OF DEATH (C)	neck only one)		1
ΥS		1 Inpatient 2 ER/Outp	atlent 3 DOA	4 - Nursing Hon		8 Other (Specify)		
ву РН	27. MANNED OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 🗆	DRY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	one)	IAN: To the best of my knowl : On the basic of examination						:ause(e) end menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	inde	no.		29c, LICENSE NU	MBER SY6	1 .	IGNED (Month, Day, Year) 0 - 12 - 9
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)				

8218 Wisconsin Avenue; Bethesda, Md.

DHMH-18 Rev 1/89

20814



CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the the Dept, of Health and Mental Hydiene prior to burlat cremation, or removal	
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Ĕ	ate	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMEN	TOF H	DEA	AND	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	,	1	TIME OF PEATH
		Т.	ester	Lansino	Ki	~ ~	Sr			October	T I	1991	7 451
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	4.7 444	_	ER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH	11/		/ /T M
	220 20 5417		1 Q,M 2 🗆 F		YRS.	MONTHS		HOURS	MM.	(Month, Day, Year)	0.15	Country)	ACE (State or Foreign
	220 28 5417 90. FACILITY NAME (# not in	atitudian aba		76	11101	200				June 25,1	_	Mary	
æ							TY, TOWN C				9c. COU	NTY OF DEAT	H
2	Calvert M	lemor	ial Hos	pital		P	rinc	e F	red	erick		Calve	ert
DIRECTOR	10e. STATE	10b. COUNT	Υ		10c CIT	V TOWN	OR LOCAT	TION.					
뜻	Maryland	Calve	ert				town	ION				10	d. INSIDE CITY LIMITS?
5	10e, STREET AND NUMBER											1 1	YES 2 K NO
FUNERAL	TOTAL STREET AND HOMBEN						101	. ZIP COD	E		10g. CIT	IZEN OF WHA	T COUNTRY?
NE	5670 Mill Br	anch						206	39			USA	
5	11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS DECEDEN	T EVER IN U.S. /	ARMED PNO	13	MAS DEC	ENDENT C	OF HISPAN	NC ORIGIN? (Specify Ven, Puerto Rican, etc.)	a or No-	14. RACE —	American Indian, /hite, etc.
ВУ	3 Widowed 4 Divo		IF YES, GIVE V		Q.110		1 TES					Specify:	white
16	(Specify only	EDENT'S EDU highest grade	completed)		Give kind of	work don	e durina mo		ng	16b. KIND OF BU	SINESS/INC	DUSTRY	
ا ت	Elementery/Secondary (0	-12)	College (1-4 or 5	+) _	in. Do NOT u armer	se retired.	.)			agric	11+112		
COMPLETED					Thici					agric	artur	-	
8	17. FATHER'S NAME (First, MI Joseph Will		. n.~					16. MOT	HER'S NA	ME (First, Middle, Maider	Sumame)		
BE			rng						COI	a Wilkers	on		
2	19a. INFORMANT'S NAME (7)			1	19b. MAILING	ADDRE	SS (Street e.	nd Number	or Rural I	Route Number, City or Tov	vn. Stete, Zip	Code)	
-	Eunice G. Ki	ng			Sam	ne a	s #10)					
	20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 2c. LOCATION City or Town, State												
	1 Burlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Date 7 Date 7 Dentity or Town, State Southern or Mentity ial Gardens 10-14-91 Dunkirk Maryland Calve												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAUSCH FUNERAL HOME												
	BR-	31.					D 0		45 6				
	DIN		>C			- 1				Owings Mar			0
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory erreat, shock, or heart fellure. List only one cause on each line.												
	disease or condition resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
z													
CERTIFICATION	Sequentially list conditi- if any, leading to immed		DUE TO	(OR AS A CONS	EOUENCE OF	F):							
S	cause. Enter UNDERLYING												
里	CAUSE (Disease or Injust that initiated evente		DUE TO	(OR AS A CONSI	EOUENCE OF	F):							
	reaulting in death) LAST	T	d.										
- 11													
A I	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying course given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
8	PERFORMED? ARILABLE PRIOR TO COMPLETION OF CAUSE OF DESTRICT ARILABLE PRIOR TO COMPLETION OF CAUSE OF DESTRICT OF DESTRICT OF DESTRICT ARILABLE PRIOR TO COMPLETION OF CAUSE									MPLETION OF CAUSE			
W I	- Chi	Du.	c ou	stre	ule	vc	lu	up à	100	in			DEATH?
7	13-1	Cate	10/ /	ver	124	21	45	1		_		,,	YES 2 NO
Z.	25. WAS CASE REFERRED TO	MEDICAL				20 -		ACE OF D	FATH (Che	ick only one)			
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:	ER/Outpetlant	2 DO4	OTHE	R:						
≟ ∥	27. MANNER OF PEATH		28e. DATE OF		28b. TIM		28c. INJU		eldenca	dence 6 Other (Specify)			
	1 William 5 F	Pending	(Month, D			URY	WOR	RK?	,	26d. DESCRIBE HOW I	NJUHY OCC	URED	
B	2 Dutate	nvestigation	28- PLACE OF	E IN HIDY AA L				ES 2	NO				
		Could not be letermined	building,	F INJURY — At h atc. (Specify)	ome, tarm, s	treet, fac	etory, office			26f. LOCATION (Street of City or Town, State)	and Number	or Rural Route	Number,
Li													
릴	(Check only	FYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurre	d at the	time, date	end place,	end due	to the cause(s) end me	mer ee atate	ed.	
COMPLETED	one) 2 MEDIC	CAL EXAMINE	R: On the beals of ex	samination end/or	Investigation	n, In my	opinion, de	eth occun	ed at the	lime, date end place, en	d due to th	e cause(a) and	d menner se stated.
	29b. SIGNATURE AND TITLE								NSE NUM				
BE	1	mo	Hen	m)			1)-	- 2	-435	29d, DATE	SIGNED (Mod	nth, Day, Year)
2	30. NAME AND ADDRESS OF	DEDSON WH	O COMPLETED OFFI				-		12	100	-/	-//	111

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Mukesh

Prince Frederick

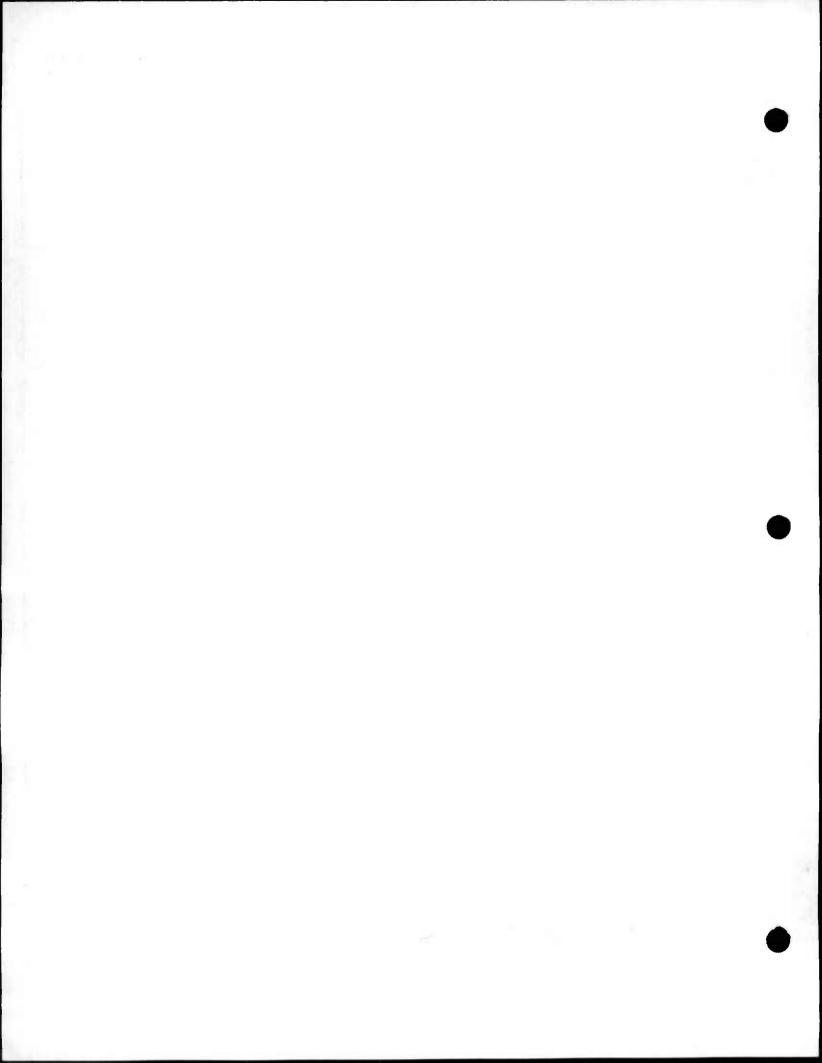
16 1991

Mathur,

1991 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randade

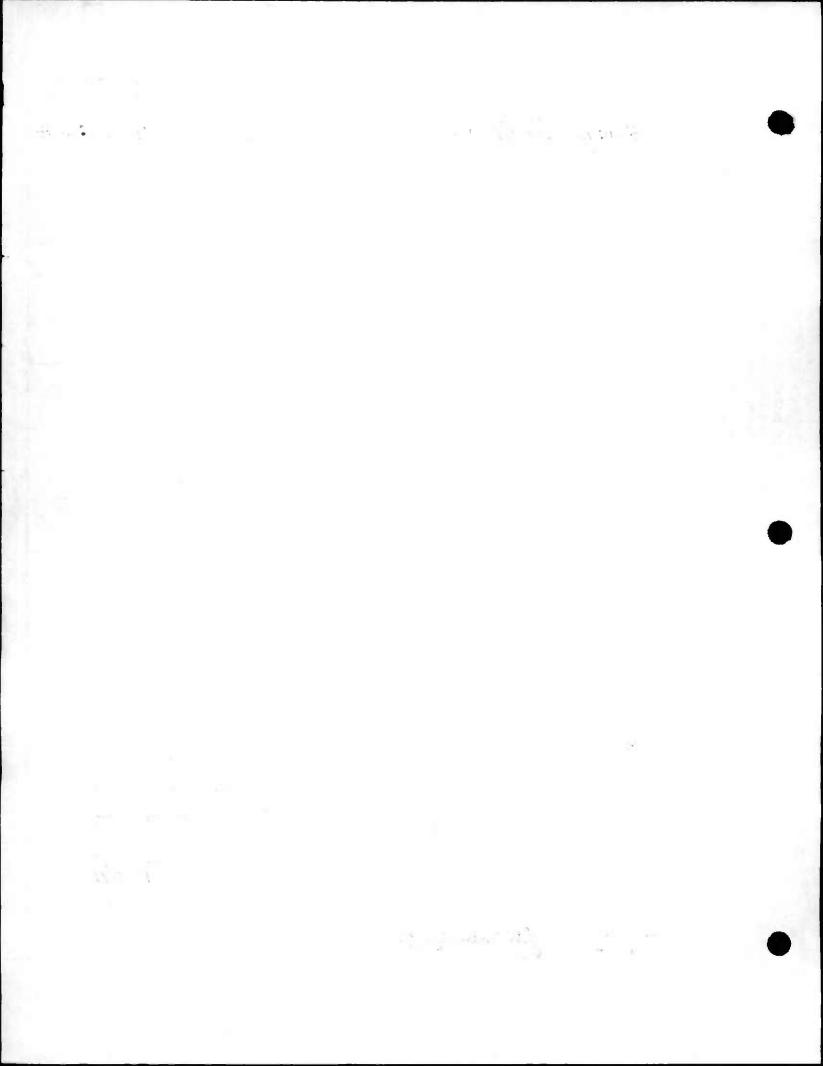
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TO BE COM	TO BE COMBLETED BY BUYSICIAN, MEDICAL CEDTISICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
, in	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
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= 0	FOR STATE REGISTRAR	ATE OF MARYLAND / I		OF HEALTH AND N	MENTAL HYGIEN REG. NO.	,	29158		
	1. DECEDENT'S NAME (First, Middle, Last) 6 ladys VI	rainia f	Krue	off	2. DATE OF GEATH DO O	7 91	1000-11-		
	217-10-3277	M 2 ⊠ F 84	YRS. IF UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 1,	G	RTHPLACE (State or Foreign ountry) aryland		
ď	9a. FACILITY NAME (If not inatifution, give alreet an Montgomery General		96. CITY,	TOWN OR LOCATION OF DE	EATH	90. COUNTY O			
DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TOWN O				10d. INSIDE CITY		
E	Maryland Montgome	ery	Silver				LIMITS?		
	10e. STREET AND NUMBER			101. ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?		
ER/	15111 Glade Drive #	2 F		20906		United States			
BY FUNERAL	11. MARITAL STATUS 1	MAS DECEDENT EVER IN U.S. ARM ORCES? 1 — YES 2 X NO FYES, GIVE WAR OR DATES	13. V	MS DECENDENT OF HISPAN yes, specify Cuban, Mexica YES 2 ANO Specify	n, Puerto Rican, atc.)		ACE — American Indian, Black, Whila, etc. Specify: WHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	16a. DEC	EDENT'S USUAL OC	CUPATION uring most of working	16b. KINO OF BU	SINESS/INDUSTI	RY .		
COMPLETED	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)	 kind of work done d Do NOT use retired.) 						
₹ I	9	HOM	emaker		Domest				
	17. FATHER'S NAME (First, Middle, Linst) William Bichell			Harrie	ME (First, Middle, Maiden	Surname)			
H	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS	(Street and Number or Rural I		m. State. Zip Code	n)		
2	Walter Krucoff								
	Walter Krucoff (Son) 1774 Crofton Prkwy., Crofton, Maryland 21114 20e. METHOD Of DISPOSITION 1 Burlel 2 Creft hatton 3 Removal from State of Complete								
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	(/,	22.1	AME AND ADDRESS OF FA	CILITY				
	MANIT	n Hu		NZANSKY-GOLI					
	23. PART I. Enter the diseases, or compl	ications that caused the dec	th Do not enter	70 Rockville	Pike Ro	ckville	Approximate		
	shock, or hear fallure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirato	y F	alle			Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
CALC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIBLE PRIOR TO								
PHYSICIAN: MEDICA			PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO 1	npatient 2 - ER/Outpatient 3	DOA 4 Nurs	ing Home 5 - Residence		0.00			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	WORK?				
COMPLETED	one)	To the best of my knowledge, dea the basis of examination and/or in					use(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	-11. 1h.	mo	29c. LICENSE NUI	MBER 2	29d. DATE SIG	aneo (Manth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO CON	APLEYED CAUSE OF DEATH (ITEM	127) (Type, Print) #32	16 Olner	md	2083	32		
	31. DATE FILED (Myrtif, Day	P. REGISTRAN'S SIGNATURE	482	/	NA.				

DHMH-16 Rev 1/89



Pages 1, 2,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-250/15 after death. Page of first be	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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10SP	UNE	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT
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TO THE P

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BE 2

29159 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY NONTH 10 - 20 - 91 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 7:20 p Vesta Evelyn KAYLOR 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) June 28,1907 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 215-18-1424 1 M 2 X F 84 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON DIRECTOR Ravenwood Lutheran Home Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Sharpsburg Maryland Washington 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101 ZIP CODE 230 W.Main St. 21782 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 X NO Specify: 2 X NO 1 Never Married 2 Merried BY White 3 Widowed 4 X Divorced ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) E Elementery/Secondery (0-12) College (1-4 or 5 +) COMPL Physicians' Office Nursing Assistant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Highberger Alvey Hattie aţ Johnson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy L.Sprecher 1112 S.Potomac St. Hagerstown.MD 21740 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION

1 M Burial 2 Cremetion 3 Removal from State

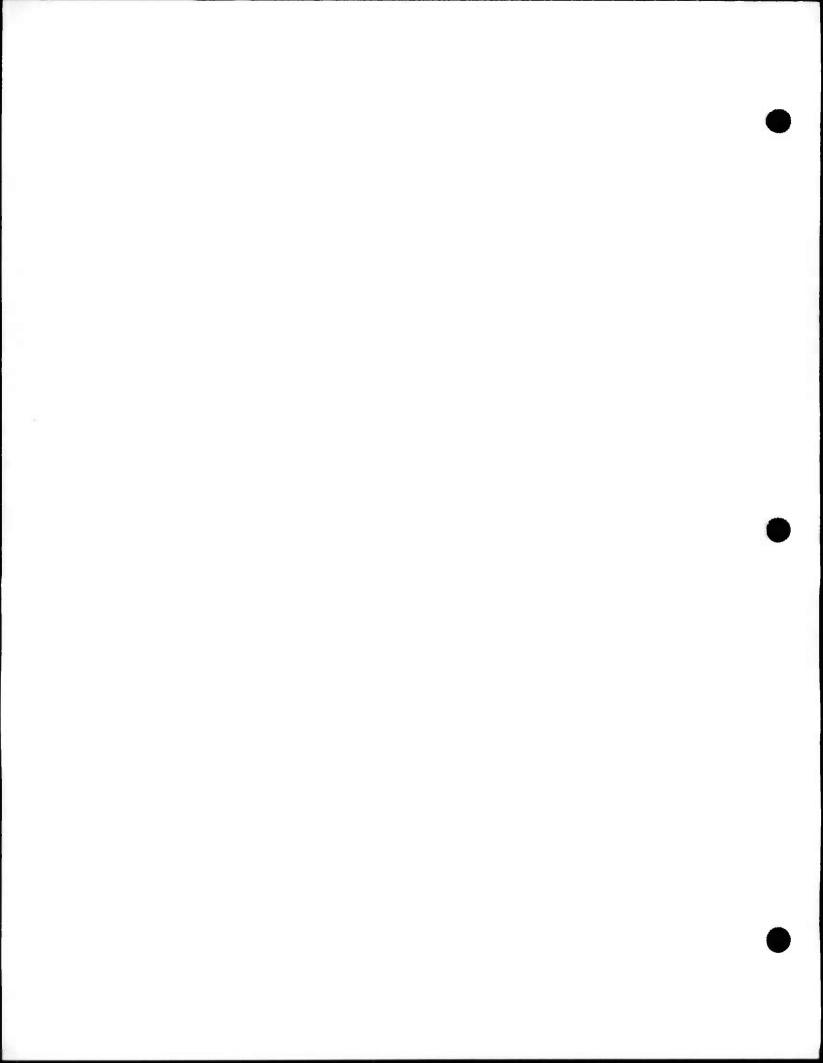
4 Donation 5 Other (Specify) Mt. View Cemetery Sharpsburg,MD 21782 21. SIGNATURE OF FUNERAL SERVICE LICENSE OSBORNE FUNERAL HOME We P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats Interval Batween Onaet and Death IMMEDIATE CAUSE (Final 36 disease or condition resulting in deeth) Metartatie DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 18 COMPLETED 8 Could not be 4 Homicide

(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, or the best of examination end/or investigation, in my opinion, or the best of examination end/or investigation, in my opinion, or the best of examination end/or investigation, in my opinion, or the best of my knowledge, death occurred at the time, date one)		
SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

Who. M. Fender 138 E. Antieta orstorn MD 31149 .C- M 31. DATE FILED (Month, Day, Year)
OCT 22'91

32. REGISTRAB'S SIGNATURE
Julia Davidson-Randall



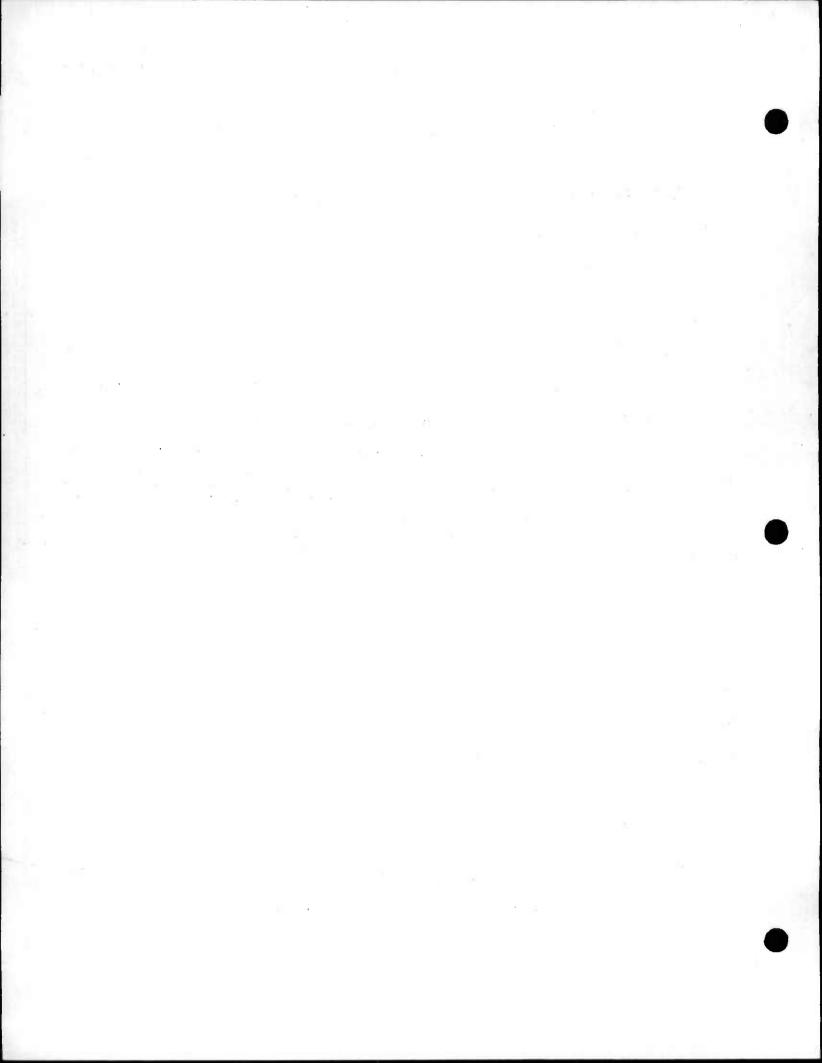
BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

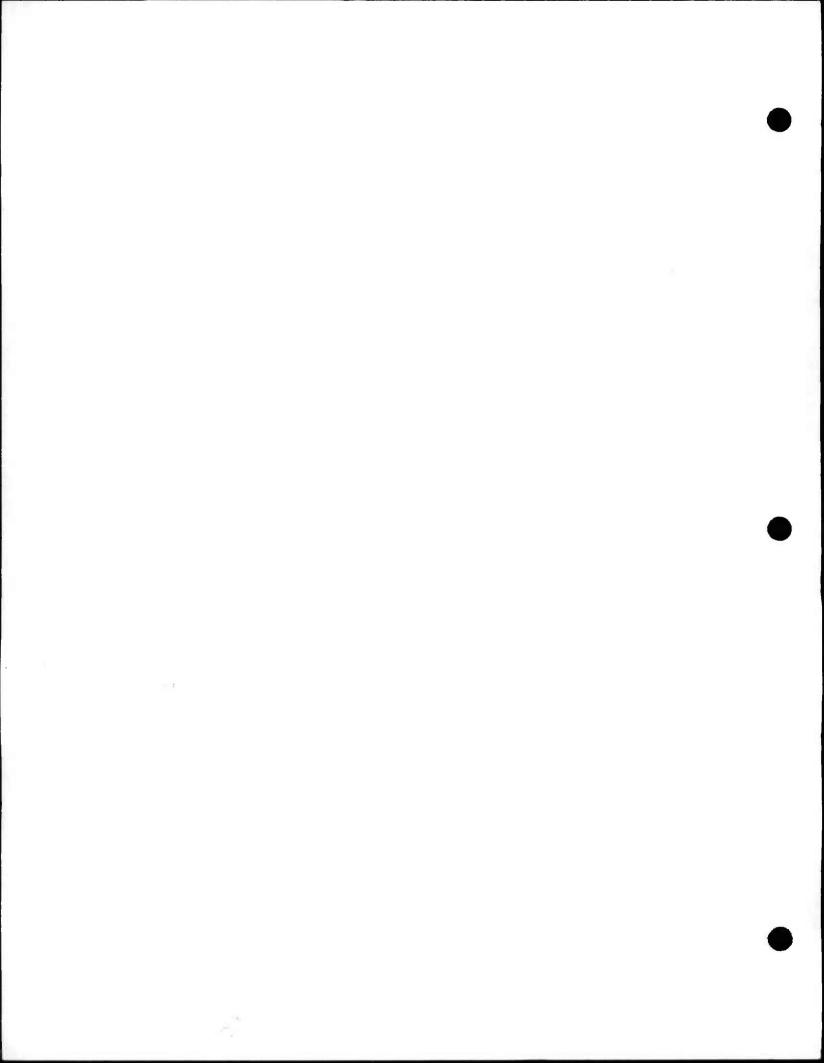
1 - REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN			
MARGARET C	ATHERINE	KLOCK			OCTOBER 17, 1991					
4. SOCIAL SECURITY NUMBER 214-09-1986	1 - M 2 - F 7	"	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH MAY 12, 1	917 MA	THPLACE (State or Foreign ARYLAND			
	98. FACILITY NAME (If not institution, give etreet and number) 95. CITY, TOWN OR LOCATION OF DEATH 1522 DUAL HIGHWAY HAGERSTOWN WASHING									
10e. STATE 10b. COUNT	HINGTON		OWN OR LOCA				10d. INSIDE CITY LIMITS?			
	11 NG TON		HAGERST	ZIP CODE		10g. CITIZEN D	MX YES 2 □ ND			
10e. STREET AND NUMBER 1522 DUAL HIGHW 11. MARITAL STATUS 1 \(\text{Nover Merried} \) 2 \(\text{N} \) Merried	VAY			21740		U.S	.A.			
3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 V NO	If yes, sp		NIC ORIOIN? (Specify Ye in, Puerto Rican, etc.) y:	BI	ACE — American Indien, leck, White, atc. hecity: WHITE			
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 17. FATNER'S NAME (First, Middle, Last)	UCATION is completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	ON at of working		SINESS/INDUSTRY				
17. FATNER'S NAME (First, Middle, Last)		HOMEMA	KER	40 MOTHERIO NA	ME (First, Middle, Malder	HOME				
FRANKLIN PE	ETER SHANK			CARR	IE LUCI	INDA B	RANDENBURG			
19a. INFORMANT'S NAME (Type/Print) JOHN E. KLOCK					Poute Number, City or Tow ERSTOWN, ME					
200. METHOD OF DISPOSITION	206	PLACE DE DISPOSITI				OCATION — City or	Town, State			
1 X Burlei 2 Cremation 3 Ref 4 Donation 5 Other (Specify)		OAR LAWN MEM	ORTAL PA	RK LO-	19-91 HAGE	ERSTOWN, W	ASHINGTON MD.			
21. SIGNATURE OF FUNERAL SERVICE L R. Ko. 23. PART I. Enter the diseases, or	o header		ANDRE A		N FUNERAL HO					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ns contributing to death b	ut not resulting in	the underlyin	g cause given in	PERFO	AMED?	246. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE			
					1 _ YES		DF DEATN? 1 ☐ YES 2 ☑ NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DE-DEATN										
1 TYES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA 4	☐ Nursing Non		6 Other (Specify)					
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE NOW INJURY OC								
3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Pown, State) 28f. LOCATION (Street end Number or Rural Rou City or Pown, State)							al Route Number,			
29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 0 MEDICAL EXAMIN	SICIAN: To the beat of my know						se(a) end menner ea stated.			
4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION OF STREET OF PERSON OF PERSO	P ()499	de m	0	D38	968	29d. DATE SION	NED (Month, Day Year)			
Martha A.	P. Riggle	MD 324	East	Antieta	m Street	;,Hager	stown,Md.			
31. DATE FILED OF DE 18199	32. REGISTRAS STA	Hosen-Hande	82							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Julys after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2,3 set the billed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

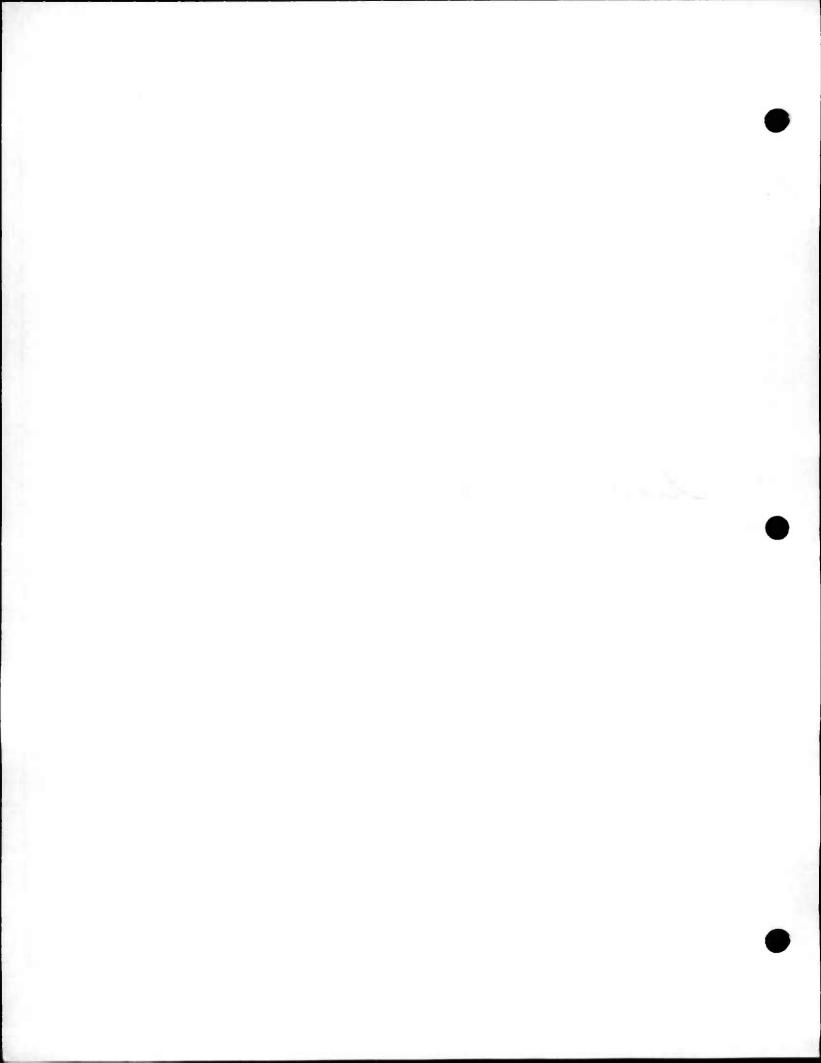
STATE OF MARYLAND / DEPARTMI	ENT OF I	HEALTH AND	MENTAL	HYGIENE
CERTIFICA	TE OF	DEATH		REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest,	ight St.	MC				2. DATE OF MONTH	DEATH DAY		YEAR 991	3. TIME OF DEATH 2 · 20 P M	
	4. SOCIAL SECURITY NUMBER					7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign		
	A232-01-0189		3 6 YRS.			ACHIES E	MIN.		27-19		Wes	it Virginia
OR	9a. FACILITY NAME (If not institution, give Reeders Memoria	at Home			oms on	LOCATION	OF DEA	ATH		110.000	shin	
ቪ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c CIT	Y, TOWN OR	LOCATIO	ON						10.4 INSIDE CITY
E I		ington		ipsbw								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER			<u>'</u>	10f. 2	ZIP CODE			10g. CITIZEN OF WHAT COUN			
ER	Rt. 2					217	182			USA		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED 3 2 NO DATES	H :	yes, spec		Mexican	, Puerto Ric	Specify Yea an, etc.)	or No—	14. RACE Black Speci	E — American Indian, c, White, atc. ^{(h):} White
ED	15. DECEDENT'S ED (Specify only highest gree		16a. DECEDENT'S	USUAL OCC	UPATION	l of working		16b. K	IND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- Give kind of ille. Do NOT u Braker	se retired.) nan	raig most	or working		Ro	ilroc	ad		
Š	17. FATHER'S NAME (First, Middle, Last)					16. MOTHE	R'S NAM	ME (First, Mid	ldie, Maiden S	Sumame)		
BE	John Knight					Mar	ıy C	!rampa	ton			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING									10 01751
	Terry E. Knight		06. PLACE OF DISPO					. Ka.			City or To	ND 21756
	1 Burial 2 X Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	miths bury	a Cren	nato	ru 11	0-16	5-91	Smi			
1	21 SIGNATURE OF FUNERAL SEISHOEL			22. N.	AME AND	ADDRESS	OF FAC	ILITY		3,		
	Dannin	I Wan	·					. Home		- เก	0170	2 2
shock, or heart fellure. List only one ceuse on each line.								Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CAL								WERE AUTOPSY FINDINGS				
	Alzheimer	entier	,				_	PERFORMED?			COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MED								-				1 YES 2 NO
YA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLA	ACE OF DEA	ATH (Che	ock only one)				
SIC	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O	utpatient 3 🗆 DOA	OTHER:		5 🗆 Resi	idenca	6 🗆 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Actural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year,		JURY M	28c. INJU WOR 1 YE	IRY AT RK? ES 2	NO	28d. DEŞC	RIBE HOW II	NJURY O	CCURED	
	3 Suicide 6 Could not b	28e. PLACE OF INJUI building, etc. (S)	RY — At home, ferm, pecify)	street, facto	ry, office			281. LOCAT City or	ION (Street a Yown, State)	and Numbe	er or Rural	Route Number,
COMPLETED	one)	/SICIAN: To the best of my kno NER: On the basis of exeminal										a) and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIF	Kugler	mo			29c LICEN		1BER 579	7	29d. DA	TE SIGNED	(Mointh, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print) / 00	60	elin	Lo	in C	K	ecd	1/25/11/2	md.
	31. DATE FILED (Month, Day, Year)	J 32. REGISTRAR'S SIG							1.	1	1	21756
_	- 0 01	O TOTAL CONTRACTOR	Mandalla		_							DHMH-16 Rev 1/89



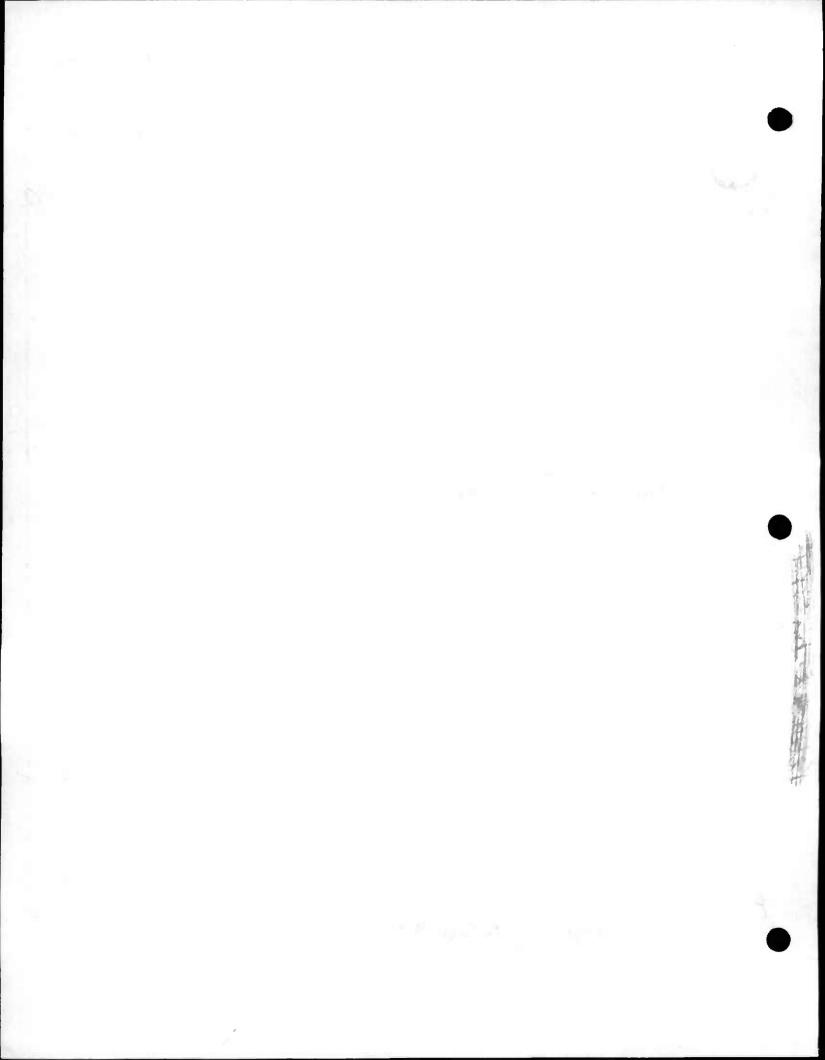
8	after
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 9 2 9 6 (29162	
	1. DECEDENT'S NAME (First, Middle, Lest) KATHERINE R		KLIN	18		2. DATE OF DEAT MONTH October	TH DAY 1	SEAR 0. 0.225 M	
	4. SOCIAL SECURITY NUMBER		The control of the co			7. DATE OF BIRTH	N 0.	BIRTINPLACE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give stree Washington Coun		1	96. CITY, TOWN Hagers	OR LOCATION OF E	DEATN	1 . 1	Shing fon	
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 10b. COUNTY Maryland Was		y, town or Loca Hagerst				10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER 12 S. Walnut St				7. ZIP CODE 21740		10g. CITIZE	1 X YES 2 NO	
BY FUNERAL		U.S_ARMED 2 NO TES	If yes, or	CENDENT OF HISPA	NIC ORIGIN? (Specifier, etc.)	y Yes or No- 14	Black, White, stc. Specify: White		
ETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	18s. DECEDENT'S (Give kind of tife. Do NOT us	USUAL OCCUPATI work done during mose retired.)	ON ost of working	16b. KIND O	F BUSINESS/INDUS	TRY	
COMPLET	12	1	Lea	d Lady				acturing	
BE CO		Jackson			1000000	AME (First, Middle, Mi		Swope	
10 B	196. INFORMANT'S NAME (Type/Print) James E. Kline				and Number or Rura	Route Number, City of	r Town, State, Zip Co	ode)	
	20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remov.	PLACE AND OATE	SEDISPOSITION /N	ama nl	DATE 20	LOCATION OF	d. 21740 y or Town, Stats		
	4 Donation 5 Other (Specify)	M1	E. Oli	ret Cem	etery :	10/19 F	rederic	k, Md.	
,	Seule n. /	ninuch		Funer	ral Hom	e	Hagers	Potomac St	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory strest, shock, or heart failure. List only one ceuse on each line. Approximate interval Batween Onset and Death Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting	n the underlyin	g cause given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSBITAL:		26. PI	LACE OF DEATH (C	heck only one)			
энх	1 YES 2 NO 1 27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 26c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE N	OW INJURY OCCUP	RED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
ETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, term, street, fectory, office City or Town, State)							Rural Route Number,	
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date and place, and dus to the cause(s) and manner as stated.								
TO BE (294 AND TITLE OF CERTIFIER	history)		29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)	
	MANE AND ADDIESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TN (ITEM 27) (Type,	Print E	Auto	etan S	it the	a.Md.	
	OCT 13'91	32. REGISTRAR'S SIGNAT	fandale.						



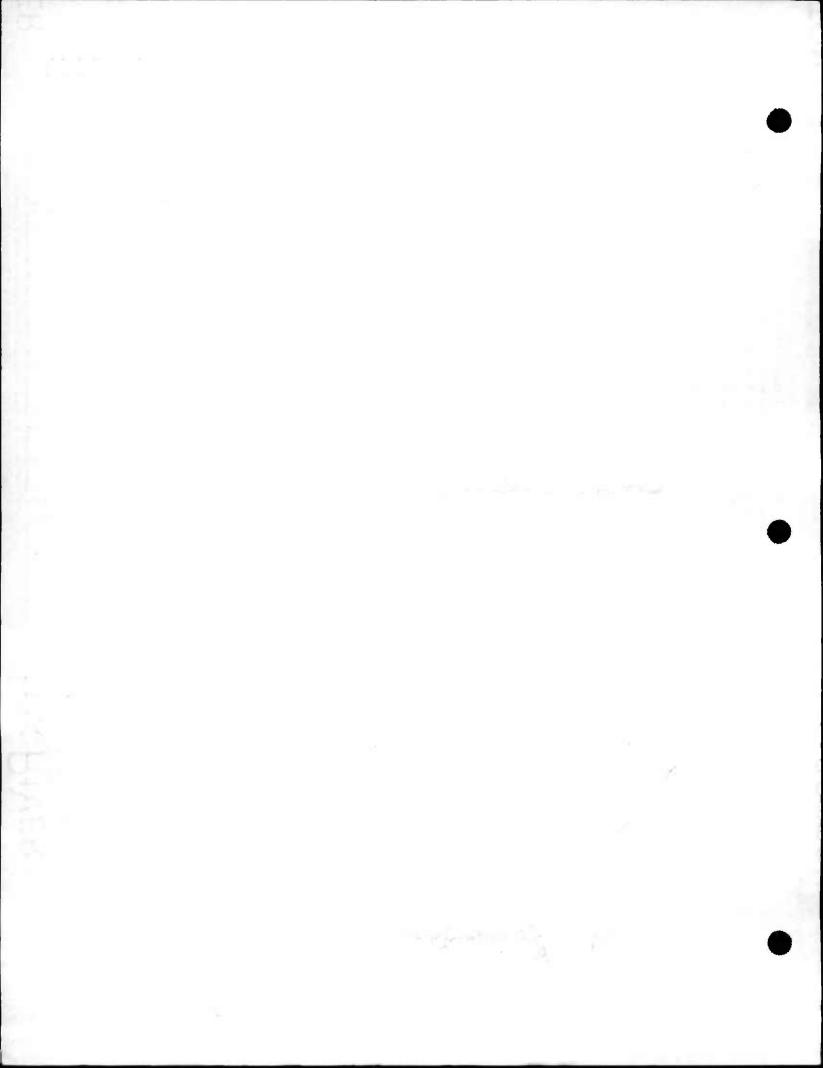
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CILIS	with	ked,
in in	or death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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	REGISTRAR	E OF MARYLA	CERTIF	TMENT OF I	HEALTH A	ND MENT	AL HYGIEN REG. NO.	_	
	JANE, T. L	ESCAU				MO	TE OF DEATH	Y YE	
2)	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M	2 👍 F	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS &		TE OF BIRTH onth, Day, Year)	12 8.78	HATTHPLACE (State or Foreign country) York, PA
CTOR	9a. FACILITY NAME (If not institution, give street and not SUBURBAN HOSPI			96. CITY, TOWN	THES			9c. COUNTY	OF DEATH
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			, TOWN OR LOCA	TION	1		7,131	10d. INSIDE CITY LIMITS?
	MD MINTG 100. STREET AND NUMBER 5-618 BRADL		7 1 4	BETH 10	f. ZIP CODE	A		10g. CITIZEN	1 KES 2 NO OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Dr Married FORC	DECEDENT EVER IN I ES? 1 YES S, GIVE WAR OR DAT	2 XNO	If yes, s	208 CENDENT OF H Hecify Cuban, N	laxican, Puer	GIN? (Specify Yes to Rican, etc.)	or No- 14, I	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2 College	(1-4 or 5+)	Me. Do NOT us	rork done during me	ast of working		86. KIND OF BUS		AA.
OM	17. FATHER'S NAME (First, Middle, Last)		Admitis	Ittativ			US Cou		
BE COM	Charles Thompson						Pfeiffe		
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street					9)
	Joseph R. Lescault			Bradley		, Beth	esda, M	D 208	14
	20a. METHOD OF DISPOSITION 1 □ Burle1 2 ☑ Cremation 3 □ Removal from 9 4 □ Donation 5 □ Other (Specify)	State 20b. P	ery, crematory or off	F DISPOSITION (N. her place)	ame of			CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. III	. COMITO	22. NAME A	ND ADDRESS C	OF FACILITY	14 Ale		a, VA
CABO	michalan	re lan					Sons, I		ton,DC 20016
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO								AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	TAL .			ACE OF DEATH	(Check only	one)		
IX	1 VES 2 NO 1 Inpat	ent 2 ER/Outpati	ent 3 🗆 DOA	OTHER: 4 - Nursing Hom					
B	1 Acident S Pending 2 Acident Investigation 3 Suicide 2 Couldent 28a.	DATE OF INJURY Month, Day, Year) C) PLACE OF INJURY —	At home, ferm, at	P M 1 1	ES 2 NO	C	CATION (Street an	esen	S 000 /2004
ETEC	4 Homicide detarmined	ounding, etc. (Specify)	1101	ME		- CAI	y or rown, stare)	#	10
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the b.	beat of my knowled	ge, death occurred nd/or investigation	st the time, data , in my spation, d	and placa, and eath occured a	due to the c	ause(s) and menn te and place, and	er as stated, due to the cau	se(s) and menner se stated.
TO BE (296. SIGNATURE AND TITLE OF CENTIFIER	Mes	a de la	(0)	29c. LICENSE	NUMBER 709	9	29d. DATE SIGN	NED (Month, Gay, Year)
	FRANCES C MAYLE	8200	2 Wise	CONSIN	Als	Be	HES	211	MB 208 10
	31. DATE FILED (Month, Day, Year) OCT 15 91	TWIE DAVIDS	The Roads	2	,				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	_	
	1. DF	R.		Lovelan	d	2. DATE OF DEATH	AT 11 3	3. TIME OF DEATH
Same as	4. SOCIAL SECURITY NUMBER 578 10 1740	5. SEX 8. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	INTHPLACE (State or Foreign ountry) EW Jersey
Н	98. FACILITY NAME (If not institution, give et	root and number) Iden NUISIA	ig Center		ensingto		9e. county o	of DEATH Gomery
DIME	10a. STATE 10b. COUNTY Maryland Montgo		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 TYES 2XXNO
	10e. STREET AND NUMBER	lion Duine		101	ZIP COOE		21	OF WHAT COUNTRY?
BY FUNERAL	8505 Wild Ol 11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIII Nover Married	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2XXNO	if yes, sp	20854 ENDENT OF HISPAN solity Cuban, Maxica 2 100 Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No- 14.	J. S. A. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S L (Give kind of w life. Do NOT use	JSUAL OCCUPATIO ork done during mo retired.)	ON et of working	16b. KIND OF BU	JSINESS/INDUSTI	White
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	vailable	Electri	cian	18. MOTHER'S NA	Electri ME (First, Middle, Maide) Not avail	Surname)	ntracting
TO BE	19a. INFORMANT'S NAME (Type/Print) Harry J. Loveland					Route Number, City or To	wn, State, Zip Cod	
	20a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Remo	oval from State 20	b. PLACE AND DATE Cemetary, crematory, C. ZION	of olsposition or other place) emetery	(Name		ethesda	or Town, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	3. San	QM00522	Robe	or ADDRESS OF FA rt A. Pu ville, I ue, Rock	mphrey Fur	neral Ho West Mon Cyland	ome ntgomery 20850-2805
RIIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	BESPIVA DUE TO (OR AS AS COLUMN CONTROL OF AS AS COLUMN CONTROL OF AS AS AS COLUMN CONTROL OF AS AS AS AS AS AS AS AS AS AS AS AS AS		Failur	e	cident		Approximata Interval Between Onset and Death Z4 Laws
MEDICAL CE	PART II. Other significant condition	ds contributing to death t	out not resulting l	n the underlyin	g cause given in		N ALITOPSY PRIMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)		
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 26b. TIMI	4 Nursing Hon E OF 28c. IN. URIY	TURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJUR building, etc. (Spa	Y — At home, farm, a	treet, factory, offic	en en en en en en en en en en en en en e	281. LOCATION (Stree City or Town, Stat	t end Number or R e)	lural Route Number,
COMPLETED		CIAN: To the best of my know						use(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	1. Cargan	A , A .	Print)	29c. LICENSE NUI	6 f	29d. DATE SI	SNEO (Month, Day, Year)
	Robert Hashemiyoo		Ol Randol		, #216,	Rockville	Maryla	and 20852



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	The second secon
BA	hours after de	
	24	-
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 mes be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	ICATE OF	DEATH AND	MENTAL HYGIE REG. N	NE 9	2	9165	
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	VEAR	3. TIME OF DEATH	
)	Magnus Y. Larss				9 19	91	6:50 PM				
	4. SOCIAL SECURITY NUMBER 577-07-4591	5. SEX 1 [X] M 2 [] F	8. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH 8-28-1 90	8	8. BIRTHPLACE (State or Fo		
	9e. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN (OR LOCATION OF D	EATH	9c. COUNT	Y OF DE	ATH	
DIRECTOR	27800 Barnes	Road Damascus						Mont	gome	ry	
EC	10e. STATE 10b. COUNT									10d. INSIDE CITY	
	Maryland	Montgome	ery		Damasc	us				LIMITS?	
AL	10e. STREET AND NUMBER				101	I. ZIP CODE		10g. CITIZI	N OF W	IAT COUNTRY?	
ÉH	27800 Barnes	Rd.				20872		1	JSA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AF	RMED NO			NIC ORIGIN? (Specify)		4. RACE -	- American Indian, White, etc.	
B≺	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		MAR OR DATES			2 NO Specif			Specify		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16e. DE	ECEDENT'S	USUAL OCCUPATIO	ON ost of working	16b. KIND OF 8	USINESS/INDU	STRY		
9	Elementary/Secondary (0-12)	tile On NOT and attend to					.,				
MP	1-12		B1	dg. (Construct	tion	Mason	Contra	icto	rs	
	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Ellen Larsson										
H	Com Edison										
2	Till at a company of the company of										
	Etaine Gurganus PO Box 618 Olney, Md. 20830 200. METHOD OF DISPOSITION DATE 200. LOCATION — City of Town, State										
	M Buriel 2 Cremetion 3 Removal from State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Parklawn Cemetery 10-14-9 Rockville, Md. 22. NAME AND ADDRESS OF FACILITY								1d		
	Hines/Rinaldi Funeral Home										
	rene	WW			11800	N.H. Ave	2., Sil. S	pr. Md	. 20	904	
	23. PART I. Enter the diseases, or shock, or hasrt failure.	complications the List only one car	at caused the de use on each line	eath. Do i	not anter the mo	de of dying, suc	ch as cardiac or res	piretory srre	st,	Approximats interval Between	
- 1	IMMEDIATE CAUSE (Final disease or condition		D		1 .					Onset and Dasti	
ļ	resulting in death)	a	Lonc	rea	tic	Conco	F			3 worthy	
		DUE TO	(OR AS A CONSE	OUENCE O	F):						
ON	Sequantially list conditions,	b. DUE TO	(OR AS A CONSE	OHENCE O	F)-						
A	if any, lasding to immediate cause. Enter UNDERLYING	332	(on no n consc	OULIVOL O	• 1.						
윤	CAUSE (Disease or Injury thet Initisted events	C. DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	resulting in death) LAST										
	PART II. Other significant condition								_		
O	PARTI II. Uther significant conditio	ns contributing to	daath but not	resuiting	in the underlying	g csuse given in		N AUTOPSY DRMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
O		COM								COMPLETION OF CAUSE OF DEATH?	
O											
O							_	,		1 YES 2 NO	
O							_			YES 2 NO	
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C/	neck only one)			1 YES 2 NO	
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M9	1 Inpetient 2	□ ER/Outpatient 3	_	OTHER: 4 Nursing Hom	ne 5 Rasidence	6 Other (Specify)			1 YES 2 NO	
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAME 27. MANNER OF DEATH		FINJURY	26b. TIM	OTHER: 4 Nursing Hom IE OF 28c. INJ	Ne 5 Residence		INJURY OCCU		1 YES 2 NO	
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M9	1 Inpetient 2 [26e. DATE Of (Month, I	F INJURY Day, Year)	26b. TIM	OTHER: 4 Nursing Hom IE OF 28c, INJ	NO TRESIDENCE NO TRE	6 Other (Specify)		RED		

2 MEDICAL EXAMINER: On the beele of

E CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

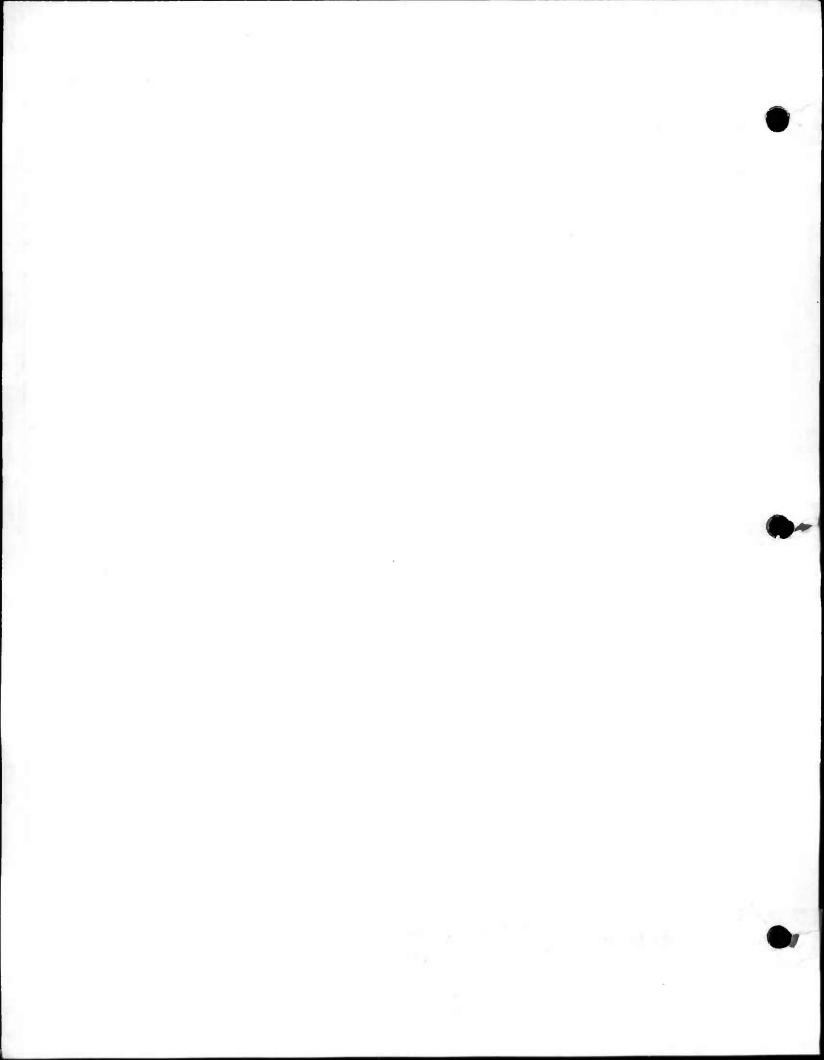
(91 405 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Oluen Lagtonille Rd. Kellert, 20832 my ewis 4000 Oluey

31. DATE FILED (Month, Day, Year) '91 OCT 15

932, REGISTRAR'S SIGNATURE

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intificate be executed within 24 hour	ng physician and completely filled in	giene prior to burial, cremation, or
certificate be executed within 24 hour	nding physician and completely filled in	Hygiene prior to burial, cremation, or
eath certificate be executed within 24 hour	attending physician and completely filled in	ntal Hygiene prior to burial, cremation, or
e death certificate be executed within 24 hour	he attending physician and completely filled in	Mental Hygiene prior to burial, cremation, or
the death certificate be executed within 24 hour	by the attending physician and completely filled in	nd Mental Hygiene prior to burial, cremation, or
that the death certificate be executed within 24 hour	ed by the attending physician and completely filled in	h and Mental Hygiene prior to burial, cremation, or
es that the death certificate be executed within 24 hour	gned by the attending physician and completely filled in	salth and Mental Hygiene prior to burial, cremation, or
quires that the death certificate be executed within 24 hour	n signed by the attending physician and completely filled in	Health and Mental Hygiene prior to burial, cremation, or
requires that the death certificate be executed within 24 hour	seen signed by the attending physician and completely filled in	. of Health and Mental Hygiene prior to burial, cremation, or
law requires that the death certificate be executed within 24 hour	as been signed by the attending physician and completely filled in	lept, of Health and Mental Hygiene prior to burial, cremation, or
The law requires that the death certificate be executed within 24 hour	e has been signed by the attending physician and completely filled in	te Dept, of Health and Mental Hygiene prior to burial, cremation, or
4; The law requires that the death certificate be executed within 24 hour	cate has been signed by the attending physician and completely filled in	State Dept, of Health and Mental Hygiene prior to burial, cremation, or
CIAN: The law requires that the death certificate be executed within 24 hours	artificate has been signed by the attending physician and completely filled in	he State Dept, of Health and Mental Hygiene prior to burial, cremation, or
rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in	th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or
PHYSICIAN: The law requires that the death certificate be executed within 24 hours	this certificate has been signed by the attending physician and completely filled in	with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or
VG PHYSICIAN; The law requires that the death certificate be executed within 24 hours	ter this certificate has been signed by the attending physician and completely filled in	ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or
UDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	. After this certificate has been signed by the attending physician and completely filled in	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	CTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. F	after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last Minna W. Leh	man					2. DATE OF DEATH	- 91	YEAR 3.	TIME OF DEATH 5:25 P
1	4. SOCIAL SECURITY NUMBER 078-44-9152	5. SEX 1	6. AGE (In yrs. last i	VRS. IF UNDE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 1,	190B	8. BIRTHPLA Country) New	ACE (State or Foreign
BO.	90. FACILITY NAME (If not institution, give Montgomery Ge		spital		v, town o	PR LOCATION OF O	EATH		nty of DEAT	
DIRECTO	10a. STATE 10b. COUN Maryland Mon	tgomery		10c. CITY, TOWN						d. INSIDE CITY LIMITS?
LONEHAL	10. STREET AND NUMBER 4901 Brookeville					1. ZIP CODE	0833		ted St	
0 10 01	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO	ED 13	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spelf yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 NO Specify:				NN? (Specify Yes or No - 14. RACE - Americ	
	15. OECEDENT'S ED (Specify only highest gra-		life. L	ON ost of working	18b. KIND OF I					
	12 17. FATHER'S NAME (First, Middle, Last) Otto Ballerstei	n		lomemake	aker Own 18. MOTHER'S NAME (First, Middle, Meiden Carrie L. Frank				Numame)	
2	190. INFORMANT'S NAME (Type/Print) Arlene Jennings	end Number or Rural	Route Number, City or d, Brooke	Town, State, Z		0833				
	20e_METHOD OF DISPOSITION YABurdel 2 Cremation 3 Removal from State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Treusdell Funeral Home 65 Main Street, Belfast, NY 14711									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE RIGHT HEMISPHERIC CUA DUE TO (OR AS A CONSEQUENCE OF):									Approximate Interval Betwoonset and D
	Sequentially list conditions, if any, leading to immediate	· Acu	OR AS A CONSEQ							
NILL CALLON	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO (<u> </u>							
MEDICAL CE	AUTE RE SEIZURE 1 MIRIM FIL	AT II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. AUTE REVAL PALURE, HYVER SEIZURE MISORDER, CONCESTIVE HEART ATRIM FIRELATION, FALURE ATRIM FIRELATION, FALURE								
TOICE	EXAMINER?	HOSPITAL: 1 Deposition 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)						-		
0 84	1 Natural 8 Pending 2 Accident Investigatio 3 Suicide 8 Could not b	(Month, De	F INJURY — At hor	INJURY M	1 [YES 2 NO	281. LOCATION (Str	eet and Numb		te Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 6 Pending Investigation 3 Suicide 6 Could not 8 determined 29e. CERTIFIER (Check only 1 CERTIFYING PH	HOSPITAL: 1								

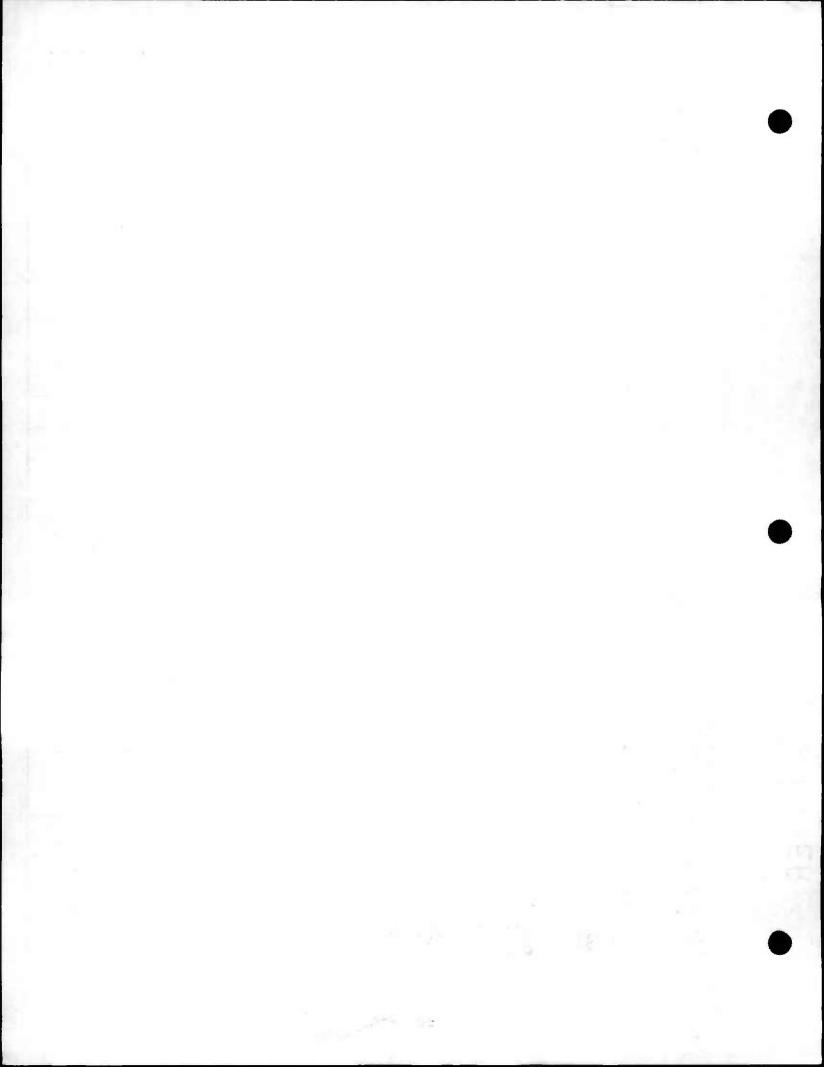
Dr. N. Goyal M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED GRASS OF DEATH (ITEM 27) (TYPO, Print)

N. (10 YAL MI), 18111 VRINCE PHILIP DR, T-13, OLNEY IM D

31. DATE FILED (Month, Day, Year)

OCT 15 '91



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ND 212	e hospital or	etached for u
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BALTIMORE, MARYLAND 21203-3146	ge 6 may be re	frector, page 5
BALTIN	er death. Pa	the funeral of
	2 nours aft	filled in by
BOX 13146,	ficate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train
BOX	ficate be	physician

RECORDS, P.O.

OF

DIVISION

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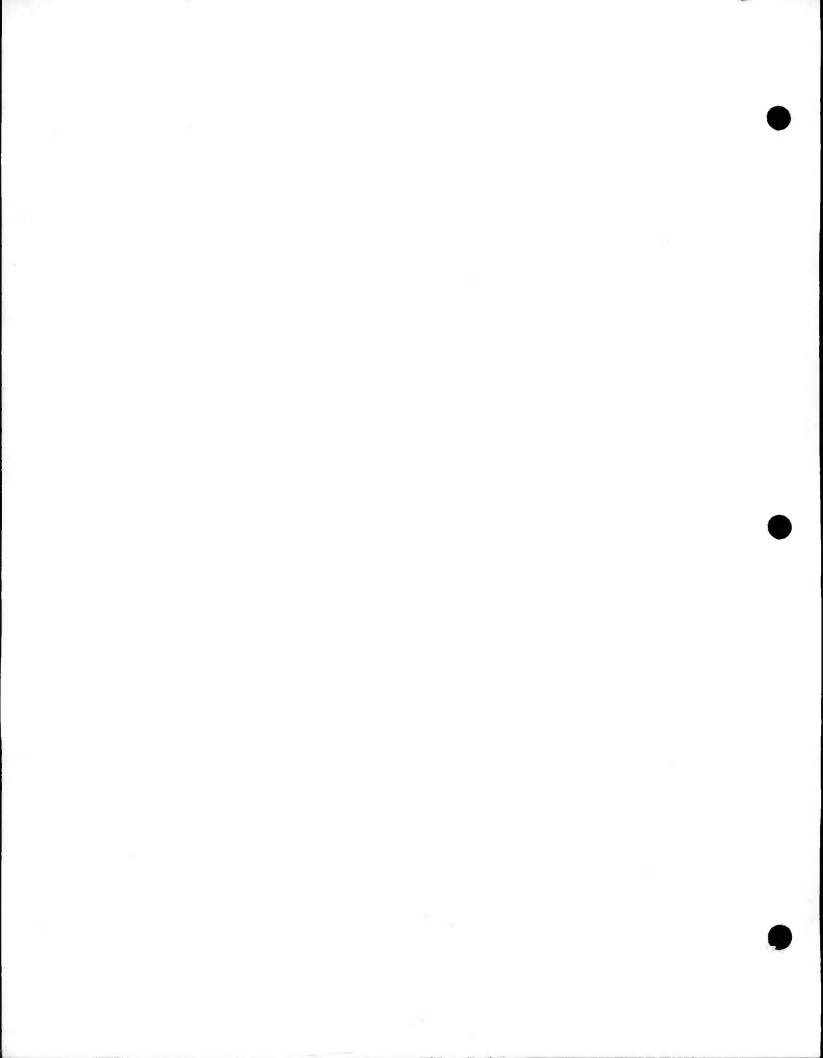
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FOR STATE REGISTRAR 29167 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 91 LOGAN MARI 1a: 15 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 🗌 M 2 🗔 YRS. 577-16-5874 902 WASHINGTON . D. C 9b. CITY, TOWN OR LOCATION OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH PRINCE GEORGE'S GREATER LAUREL BELTSVILLE NURSING LAUREL CT DIRECTO RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE'S BELTSVILLE 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13000 BLAIRMORE STREET 20705 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
 \(\subseteq \text{YES 2} \subseteq \text{NO} \)
 Specify: 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 K Widowed 4 Divorced WHITE. COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade completed) 18b. KIND OF BUSINESS/INOUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) ECRETARY RUDOLPH/WEST BUILDER HARDWARE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at STEPHEN J. FRANK MARY O. DIEGLEMANN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANCIS J. LOGAN 3108 CASTLELEIGH ROAD SILVER SPRING, MARYLAND 20904 (SON) pe 20a METHOD OF DISPOSITION
1 △ Burlel 2 □ Cremetion 3 □ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must 4 ☐ Donetion 5 ☐ Other (Specify) MARY'S WASHINGTON, CEMETERY D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND AGORESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD.W. SIL.SPR.,MD.20901 removal. medical 23. PART I. Errer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete ehock, or heert feilura. Liet only one cause on each line. interval Between cremation, or Oneet and Deeth IMMEDIATE CAUSE (Fine) the diseese or condition event, 1 resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): bunal, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if eny, leeding to immediate ceuse. Enter UNDERLYING other t CAUSE (Disease or injury attending phy DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST 6 the atten inlury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL and PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE signed t 1 TES 2 NO Shows 1 YES 2 NO been x. of PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL OTHER: t TYES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Recidence 8 ☐ Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, AL DR ATTENO...
AAL DIRECTOR: After this
a 72 hours after death w 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. FUNERAL I 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end m TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month. Day, Year) BE 249 10 2 CALISE OF DEATH (ITEM 27) (Type, Print) 10

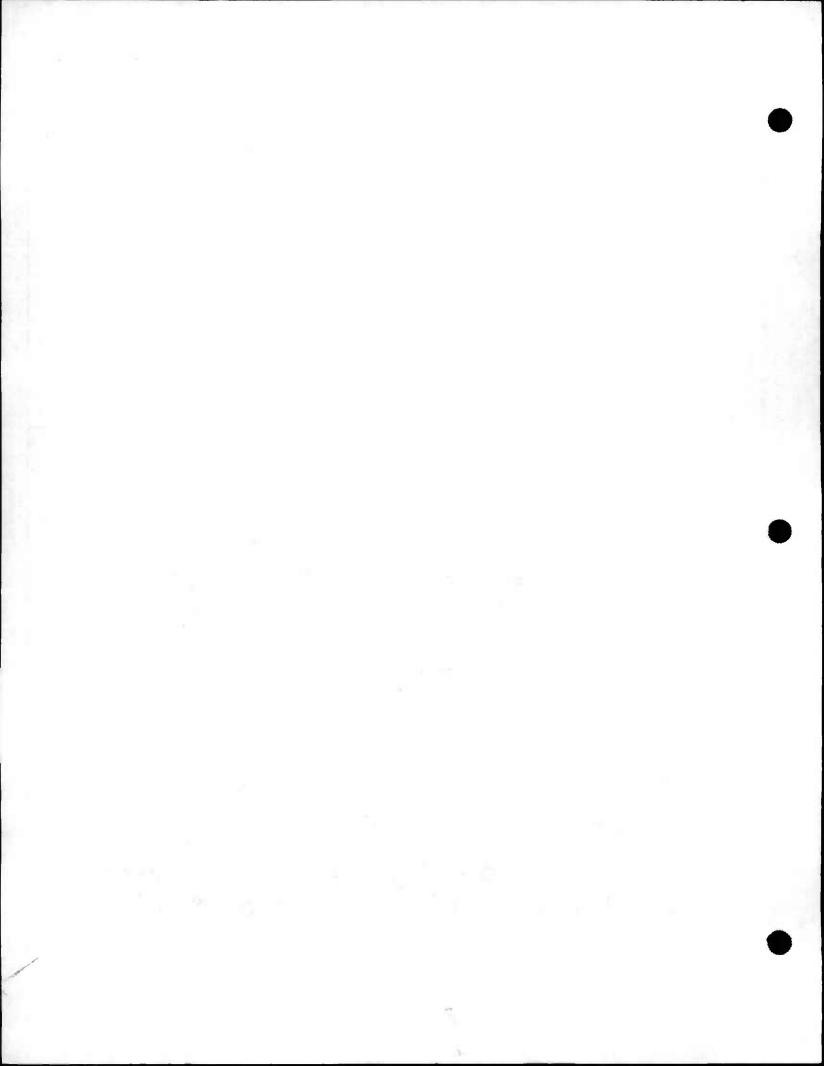
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NG PHYSICIAN: The law requires that the death certificate be executed writhin 24 nours after death. Page	ifter this certificate has been signed by the attending physician and completely filled in by the funeral direc
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAL HYGIEN REG. NO	_	
	1. OECEDENT'S NAME (First, Middle, Last Helen M. L	ounsbury						2. DATE OF DEATH MONTH D. 7		3. TIME OF OEATH 7:57 a. M
	4. SOCIAL BECURITY NUMBER 115-24-9374	5. SEX 8. AGE	(In yrs. lest birthdey) 79 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		79 1110.	9h. CITY	TOWN C	R LOCATIO	ON OF DE	$\frac{1-22}{4}$	9c. COUNTY	New York
Œ	Montgomery G		ital		01n		on or be			gomery
25	RESIDENCE OF DECEDENT									
1	10s. STATE 10b. COUN			Y, TOWN O		ION				10d. INSIDE CITY LIMITS?
0	Maryland Mont	gomery	Roc	kvil	_	. ZIP CODE			I to- CITIZE	1 ☐ YES ZAT NO
RA										
FUNERAL DIRECTOR	14312 Briarwood 11. MARITAL STATUS	12. WAS DECEDENT EVER			WAS DEC		F HISPAN	IC ORIGIN? (Specify Ye		d States . RACE — American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES				ecify Cubs		n, Puerto Rican, atc.)		Black, Whita, etc. Specify:
Э ВУ										White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done i			g	16b. KIND OF BU	SINESS/INDUS	TRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Clerk					U.S.P	.S.	
NO	17. FATHER'S NAME (First, Middle, Last)	_	CLCLA			18. MOTI	HER'S NAI	ME (First, Middle, Malden		
C	Dennis Dilworth	1				Agr	nes M	Marie Ryan		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural F	loute Number, City or Tox	m, State, Zip Co	ode)
2	Richard C. Louns				_		_	Frederick,		1702
	20a. METHOD OF DISPOSITION 1 Burlal 2 Corporation 3 Re							/98ATE 20c. LC	CATION — CIT	y or Town, Stata
	4 ☐ Donation 5 ☐ Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE		ontgomer	y Cre	mat	orium	n, Ir			, Maryland mphrey Funeral
	N 11-28	E PANA	, M008	Ho	ome/	Rock	7 ill ϵ	e, Inc. 3	00 Wes	t Montgomery 20850-2805
ATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Care	A CONSEQUENCE O	16	\$	J.	a	Luce Culina	7 N	interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initieted eventa resulting in death) LAST	d	A CONSEQUENCE C			YU.	ne j	Part I. 24a, WAS AI	0	
PHYSICIAN: MEDICAL		ymelie)	iderlyin	y cause	given in	PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF D	EATH (Ch	eck only one)		<u></u>
SIC	1 TES 2 CXNO	HOSPITAC:	tpatient 3 DOA	4 Nur		10 5 □ R	esidence	6 Other (Specify)		
	27. MANNER OF DEATH 1 XNatural 8 Pending	26a. DATE OF INJURY (Month, Day, Year)		ME OF JURY M	W	URY AT ORK? YES 2 [] NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR	IY — At home, ferm, ecify)	street, fac	tory, offic	:a		281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	anal	YSICIAN: To the best of my kno	/ /							cause(s) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIF	1 10 11 1	111/1	A.	di	29c. LIC	ENSE NUI	MBER	29d, DATE S	SIGNED (Month, Pay, Year)
TO B	Barry Levi		EATH (ITEM 20) (Too	e, Print)	7 "	2	0562	41/	1	17/9/
	BAPRIJ LCA 31. DATE FILED (Mohth, Day, Year)	// MI) 4	801 M	755	AV	o IN	111.	WASH	De.	20016
	OCT 09 '91	dia Davidson	Manda B2			V				



requires that the death certificate be executed within

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) LONG 2. DATE OF DEATH 3 TIME OF DEATH YEAR Gladys

4. SOCIAL SECURITY NUMBER 3:154 HON3 1991 10 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 578229479 A 1 - M 2 X F BALTIMOIRE 04-12-9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH GREENBELT NURSING DIRECTOR permit. Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY GREENBELT MD 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 7010 G'REEN BELT ROAD 20770 certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, atc.)

VES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-I2) College (1-4 or 5 +) Self-employed 12 Homemaker 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) notified at Gladys Kenny Howard Quail 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph Q. Long 12807 Atherton Dr., Silver Spring, MD. 20906 must be 20b. PLACE OF DISPOSITION (Name of cometery, cremetery or other places) 20a. METHOD OF DISPOSITION
13/2/Burlal 2 Cremation 3 Re 20c. LOCATION — City or Town, Blata St. Petersburg, Florida Memorial Park Cemetery examiner 22. NAME AND, ADDRESS OF FACILITY
Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD. medical ee, or complications that caused the deeth. Do not enter the mode of dying, euch ea cerdlec or respiratory arrest, 23. PART i. Enter the heart feilure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** the nemono disease or condition resulting in deeth) Boday event, Uniary Wereb 1 fee to o traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF) thet initieted evente recuiting in deeth) LAST PART ii. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL a ferr (clerok hear) Die bete wellet 1 TES 2 NO OF DEATH? 1 YES 2 NO svellor " TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law is TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpetlant 3 | DOA me 5 Rasidenca 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 🖰 Natural 1 YES 2 NO В Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — Al home, farm, street, fectory, offica building, atc. (Specify) 3 Suidide 8 Could not be determined COMPLETED 4 Homicide 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER

D04483

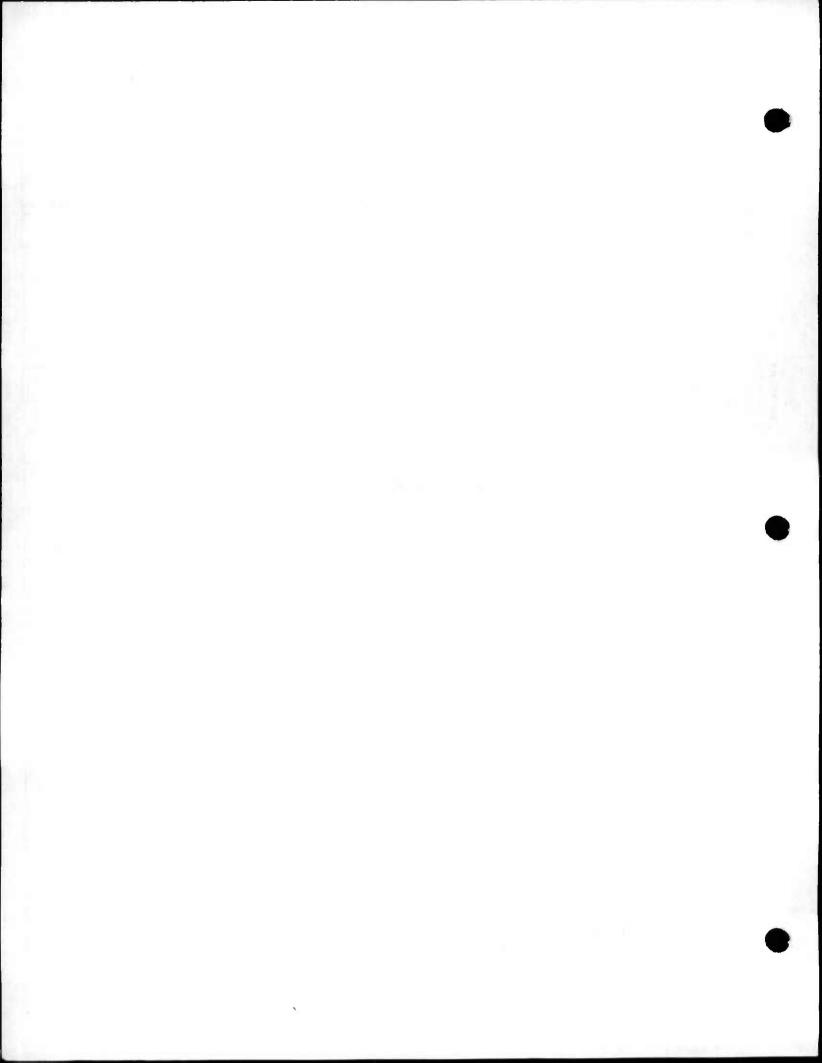
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Till Bergemann, 115 Center Way, Greenbelt, MD. 20770 31. DATE FILED (Month, Day, Year)

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page		94
director,		is much
funeral	hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	from 28 is marked on flest 23 shows any injury or other traumatic event the medical evaminar must be a
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DIREC	hours	Item

	1 - STATE REGISTRAR	STATE OF MARY		CATE OF		REG. NO.		29170					
	1. DECEDENT'S NAME (First, Middle, Last)	Vernon Fre	derick LO	VG.		2. DATE OF CEATH		3. TIME OF OEATH					
	VERNOR F	Long				MONTH DA							
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign					
	236-28-5259	1 M 2 F	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	_ 0	Country)					
	9a. FACILITY NAME (If not institution, give :	street and number)	65	OF CUTY TOWN O		10-30-2		wo					
OC.				9b. CITY, TOWN OF			9c. COUNTY	OF OEATH					
1 2	RESIDENCE OF DECEDENT	nty Hospiti	10	HAZERS	toun 1	nD	Wa	astonada					
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c, CITY.	TOWN OR LOCATE	ON			10d. INSIDE CITY					
등	00 10		11				LIMIT						
	10e, STREET AND NUMBER	Jashingto	V ME	NE129	ZIP CODE			1 YES 2 NO					
2	1011 2 1 2			101.				OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS				5111			JSA					
15	1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 X YES		13. WAS OECE If yes, spec	NOENT OF HISPAI city Cuben, Maxica	NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, atc.					
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	OATES	1 TYES	2 NO Specif	y:		Specify:					
E	15. OECEOENT'S EQU	ICATION	44 000000000000000000000000000000000000					hite					
1 8	(Specify only highest grade	completed)	16a. OECEOENT'S U (Give kind of wo life. Do NOT use	rk done during most	N t of working	16b. KINO OF BUS	INESS/INOUSTI	RY					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		assemb	100	trucki	no						
¥ 5		U	engine	assemb									
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden S							
H	Vernon Edgar Long Mary Blanche Hammond												
2	198. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
-	Patricia M. Long 1047 Dual Place, Hagerstown, MD. 21740												
	20a. METHOO OF DISPOSITION 1 X Burial 2 Cremation 3 Ram		b. PLACE AND OATE OF		ne of	DATE 20c. LOC	ATION — City of	or Town, Stata					
	4 Donation 5 Other (Specify)	00	metery, crematory or other Rest Haver		ry	10/17 Hag	erstow	m, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LI				H FUNER		,	,					
	1 S/12+	100 les	much.				oreton	m, Md. 21740					
	22 PART I Enter the disease	1111/01	,,,,,,					11; IId. 21/40					
	23. PART i. Enter the diseeses, Dr ehock, Dr heert fallure.	Liet only one cause on	ed the deeth. Do no	e anter the mad									
			each lina.	t enter the mod	le of dying, auc	h as cardiac or respir	atory arrest,	Approximata					
	IMMEDIATE CAUSE (Final	1				\	atory arrest,	Approximata Intarval Between Onaet and Death					
	disease or condition resulting in death)	1				\	atory arrest,	Intarval Between					
	disease or condition	1	A CONSEQUENCE OF):			\	atbry arrest,	Intarval Between					
Z	disease or condition resulting in death)	1				\	atory arrest,	Intarval Between					
TION	disease or condition	e. Preum OUE TO (OR AS		eTiolog		\	atory arrest,	Intarval Between					
ICATION	disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	e. Preum OUE TO (OR AS	A CONSEQUENCE OF:	eTiolog		\	atory arrest,	Intarval Between					
TIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated evente	e. Preum OUE TO (OR AS	A CONSEQUENCE OF:	eTiolog		\	atory arrest,	Intarval Between					
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. Preum OUE TO (OR AS	A CONSEQUENCE OF):	eTiolog		\	atory arrest,	Intarval Between					
L CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated evente resulting in death) LAST	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF):	eTiologo	g unc	ertin)		Interval Between Onset and Death					
A.	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. ne contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	eTiologo	g unc	ertin)	WITOPSY	Interval Between Onset and Death / w/k 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO					
A.	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated evente resulting in death) LAST	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. ne contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	eTiologo	g unc	Pert I. 24a. WAS AN	NJTOPSY TEO?	Interval Between Onset and Death Lovik 24b. WERE AUTOPSY FINDINGS					
A.	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. ne contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	eTiologo	g unc	Pert I. 24a. WAS AN A PERFORM	NJTOPSY TEO?	Interval Between Onset and Death / w/k 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
A.	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other aignificant conditions are conditions and conditions are conditions.	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. ne contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	eTiologo	g unc	Pert I. 24a. WAS AN A PERFORM	NJTOPSY TEO?	Interval Between Onset and Death Lovik 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?					
A.	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	tha underlying	g unc	Pert I. 24a. WAS AN / PERFORM	NJTOPSY TEO?	Interval Between Onset and Death Lovik 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?					
A.	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated evente resulting in death) LAST PART II. Other aignificant condition of the cause. Settle cause or injury that initiated evente resulting in death) LAST	e. Preum OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. ne contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha underlying	cause given in	Pert I. 24a. WAS AN / PERFORM	NJTOPSY TEO?	Interval Between Onset and Death Lovik 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?					
A.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other aignificant condition of the condition	e. PREUM OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. OR CONTRIBUTION OF AS HOSPITAL: 1	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha underlying 26. PLA OTHER: Nursing Home OF 28c. (NJU)	cause given in	Pert I. 24a. WAS AN / PERFORM 1 PYES 2	NJTOPSY NEO?	Interval Between Onset and Death AWA 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 12 NO					
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BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	e. PACLY OUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. TO CONTRIBUTION TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in Consequence of the consequ	tha underlying 26. PLA DTHER: Nursing Home Y MOR 1 YE	cause given in	Pert I. 24a. WAS AN / PERFORM 1 PYES 2 eck only one) 6 ① Other (Specify) 28d. DESCRIBE HOW IN	UTOPSY DEO? NO JURY OCCURE	Interval Between Onset and Death AWA 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO					
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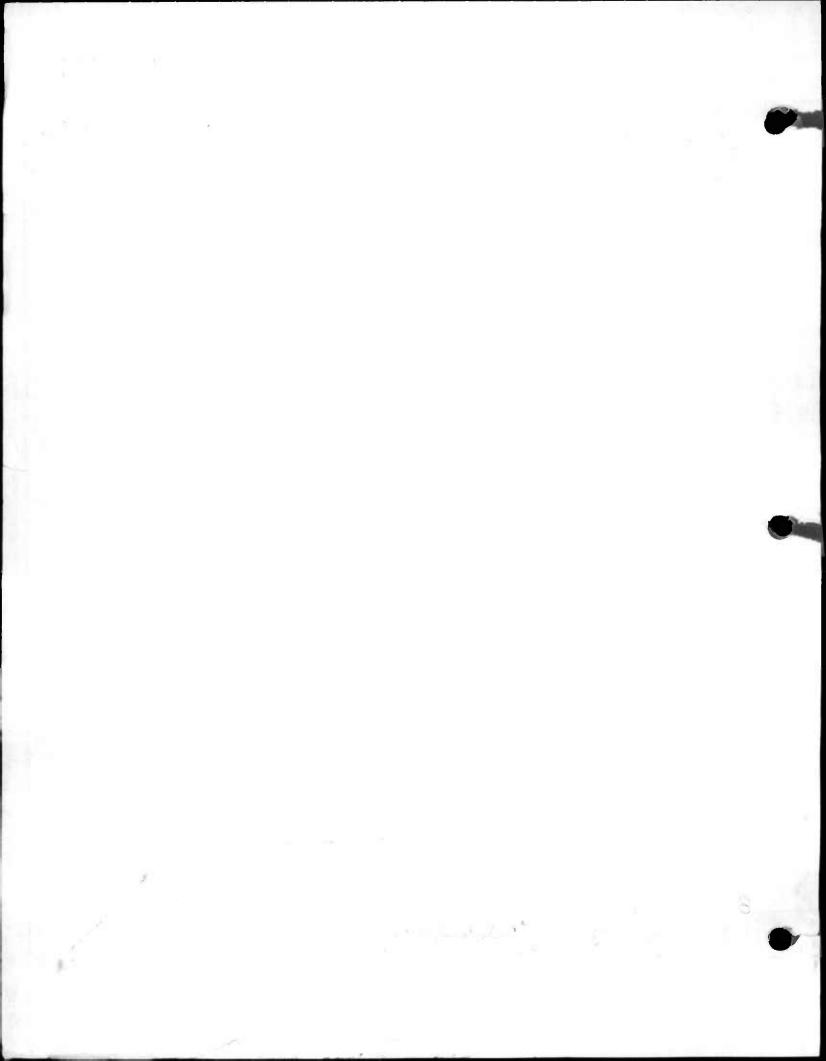


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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAND	/ DEPAF ERTIF	RTMENT	OF H	IEALTH DE AT	AND	MENTA			2	9171	
	1. DECEDENT'S NAME (First	11714	Helen T.	Markw:	ith			DEA	ın	2. DATE MONT	OF DEATH	MY 9	ŽĮ.	3. TIME OF OEATH 5:15 A M	
)	4. SOCIAL SECURITY NUMBER 578-62-243 Security Name (If not in	5	5. SEX 1 M 2 F	8. AGE (In yrs. Is 86	YRS.	MONTHS NO.	DAYS	HOURS OR LOCATE	MIN.	Mar	of BIRTH b, Day, Year) . 21,	1905	Country	ash., DC	
DIRECTOR	Suburban Ho	ospita.					ethe		ON OF DE	EAIH		% county of DEATH Montgomery			
	MD	Mon	tgomery		10c. CITY, TOWN OR LOCATION Chevy Chase									10d. INSIDE CITY LIMITS? 1X YES 2 NO	
FUNERAL	8101 Connect III. MARITAL STATUS	cticut			101. ZIP CODE 20815								U.S	A.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					RMED 13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Maxican 1 YES 2 NO Specify:					? (Specify Ye Rican, atc.)	e or No-	14. RACE Black Specif	- American Indian, White, atc. y: White	
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EOENT'S EOUG y highest grade 1-12)	CATION completed) College (1-4 or 5 +		Give kind of the Do NOT us	work done o	during mo	ON ist of workin	ng	16b	KIND OF BU		USTRY		
BE CON	17. FATHER'S NAME (First, M Frank Hough	h Town	er					Fr	ance	es Ma		Surname)			
10	Frances E. 20a. METHOD OF DISPOSITI	Markw			2690	Lowe	r Ma	r1bo			Owing:		20		
i	1 Gemelery, cremetory or other place 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mt. Comfort Crematory 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc.											,			
	5130 Wisconsin Ave, NW, Washington, DC 20016 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Batween interval Batween														
	Interval Batween IMMEDIATE CAUSE (Finel														
CATION	disease or condition resulting in desth) a. CARDIO - RESPIRATORY ALREST. DUE TO (OR AS A CONSEQUENCE OF): BAAIN STEM HEMORAA 6 E DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST c. OUE TO (OR AS A CONSEQUENCE OF):														
_	PART II. Other significe	15									24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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HYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		HOSPITAL: 1 inputiant 2 1		DOA 28b. TIM		1 :	• 5 □ Re		6 Other		1405		AL	
BY	2 Accident 3 Suicide 8	Pending investigation Could not be	(Month, De	F INJURY — At ho	INJ	M	1 Y	RK? 'ES 2) NO	28f. LOC/	ATION (Street :			oute Number,	
COMPLETED	4 Homicide	datermined	CIAN: To the best of		ath occum	ed at the til	me, data	and place	and due		or Town, State)				
		CAL EXAMINE	R: On the basis of ex						ad at the	time, data		d due to the	cause(a)	and manner as stated. Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF	PÉRSON WHO	COMPLETEO CAUS	E OF OEATH (ITE	M 27) (Type,	Print)	_	7-23	317	7		> /	10/9	9/9/	
	31. DATE FILEO (Month, Day,	(V)	BELL	EDO.	NN	EBe	elle _/	donn	e,MD	Pr	145	1011	4-1	20120 F	
	OCT 11 *	91	guha Da	man-pa	STATE .					25	1 10	UCK	UIC	05 603 20	



ter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detached oval.	al examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

			TIFICATE O		2. DATE O			3.	TIME OF DEATH				
FREDA LADIN	MARGO	LIN			10	5	m 199	AR O	11:30 A				
	5. SEX 6.	AGE (In yrs. lest birth	nday) IF UNDER 1 YEAR		7. DATE O (Month,	Day, Year)	8.		NCE (State or Foreign				
165-14-6961 9a. FACILITY NAME (If not institution, give stree	41	75 '		N OR LOCATION OF D	May 1	8, 19	16 Pe		lvania				
9112 PADDOCK LAND				TOMAC	- LAIN		MONT	33,732					
foe. STATE 106. COUNTY Maryland Montgo	omery	1					10d.						
10s. STREET AND NUMBER	D . "			10f. ZIP CODE			OF WHA	T COUNTRY?					
15115 Interlachen	Drive, #			20906		20100.02	United						
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	DECENDENT OF HISPA specify Cuban, Mexic (ES 2 X NO Speci	an, Puerto Ri	(Specify Yes can, etc.)		RACE — Black, W Specify:	American Indian, filte, etc.				
15. DECEDENT'S EDUCA (Specify only highest grade or	TION		ENT'S USUAL OCCUP		16b. I	KIND OF BU	SINESS/INDUST	RY	WILLE				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do I	nd of work done during NOT use retired.)	most of working									
rubiic School Sys													
17. FATHER'S NAME (First, Middle, Last) Nathan Ladin Rose Koolick													
Rose Rootick													
Dr. Barry Basen 50 W. Edmonston Drive # 106 Rockville. Maryland 20852													
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of competent cremetory or 20s. LOCATION — City or Town.													
4 Donatton 8 Street (Specify) JUDEAN MEMORIAL GARDENS OLNEY, MARY													
DANZANSKY-GÖLDBERG MEMORIAL CHAPE 1170 ROCKVILLE PIKE, ROCKVILLE, M													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
IMPREDIATE OFFICE (FIG.		on each line.											
IMMEDIATE CAUSE (Final disease or condition	METASTA		G CANCER						Onset and Dea				
	OUE TO (OF	ATIC LUNG	ICE OF):										
disease or condition resulting in death)	OUE TO (OF	ATIC LUNG R AS A CONSEQUEN Y LUNG CA	ANCER						Onset and Des				
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR	ATIC LUNG R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN Reth but not resul	ANCER ANCER ACE OF): ICE OF): Iting in the underly		theck only one	PERFOI 1 TES :	RMED?	CC	Onset and Dec 9 MONTH: 9 MONTH: 2½ YEAR: ERE AUTOPSY FINDING RILABLE PRIOR TO MPLETION OF CAUSE F DEATH?				
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	OUE TO (OF PRIMARY DUE TO (OF DUE TO (OF contributing to de	ATIC LUNC R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN Reth but not resul	ANCER ANCE OF): ACE OF):	. PLACE OF DEATH (C	heck only one	PERFOI YES :	RMED?	CC OI	Onset and Design of Section 19 MONTH: 2½ YEAR: ERE AUTOPSY FINDING ALLABLE PRIOR TO MOMPLETION of CAUSE F DEATH?				
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	OUE TO (OR PRIMARY DUE TO (OR DUE TO (OR Contributing to de HOSPITAL: Inpatient 2 ET Repaired Property P	ATIC LUNG R AS A CONSEQUENT R AS A CONSEQUENT R AS A	ANCER ANCE OF): ACE OF):	. PLACE OF DEATH (Contours & Residence Injury AT WORK?	theck only one 8 Other 26d. OESC	PERFOI YES (Specify) CRIBE HOW	INJURY OCCUR	AND CC OF T	Onset and De- 9 MONTH 2 YEAR LERE AUTOPSY FINDING BALABLE PRIOR TO DIPPLETION OF CAUSE TO POEATH? YES 2 NO				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	OUE TO (OF PRIMAR) DUE TO (OF DU	ATIC LUNG R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN R/Outpetient 3 2 R/Outpetient 3 2 R/Outpetient 3 2 R/Outpetient 3 2 R/Outpetient 3 2 R/Outpetient 3 2 R/Outpetient 3 2 R/Outpetient 3 2	ANCER ANCER ACE OF): IC	I. PLACE OF DEATH Colome 8 & Residence INJURY AT WORK? YES 2 NO	8 Other 28d. OESC 28f. LOCA	PERFOI 1 YES : (Specify) CRIBE HOW TION (Street r Town, State)	INJURY OCCUR	AND CC OF T	Onset and De 9 MONTH 2 YEAR ERE AUTOPSY FINDIN BALABLE PRIOR TO DIPPLETION OF CAUSE FORTH? YES 2 NO				

EDMONSTON DR., #106 ROCKVILLE, MD

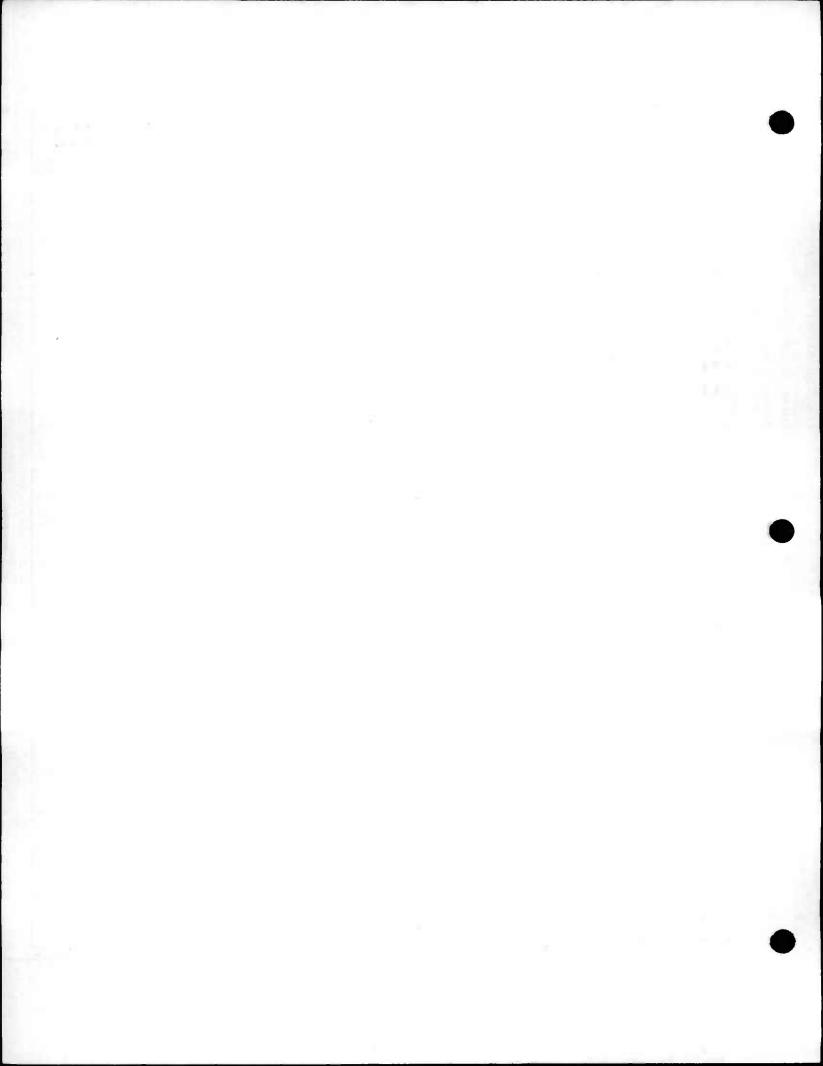
M.D., 50 W.

WALTER BARRY BASEN, M.D.,

31. DATE FILED (Month, Day, Year)

OCT 10 '91

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-breast perms. Page 1, 2, 3 should be filled within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burish, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

30. NAME AND ADDRESS OF PERSON MICHAEL

31. DATE FILED (MONTH, Day, Year)

OCT 11

Ε.

LEIBOWITZ.

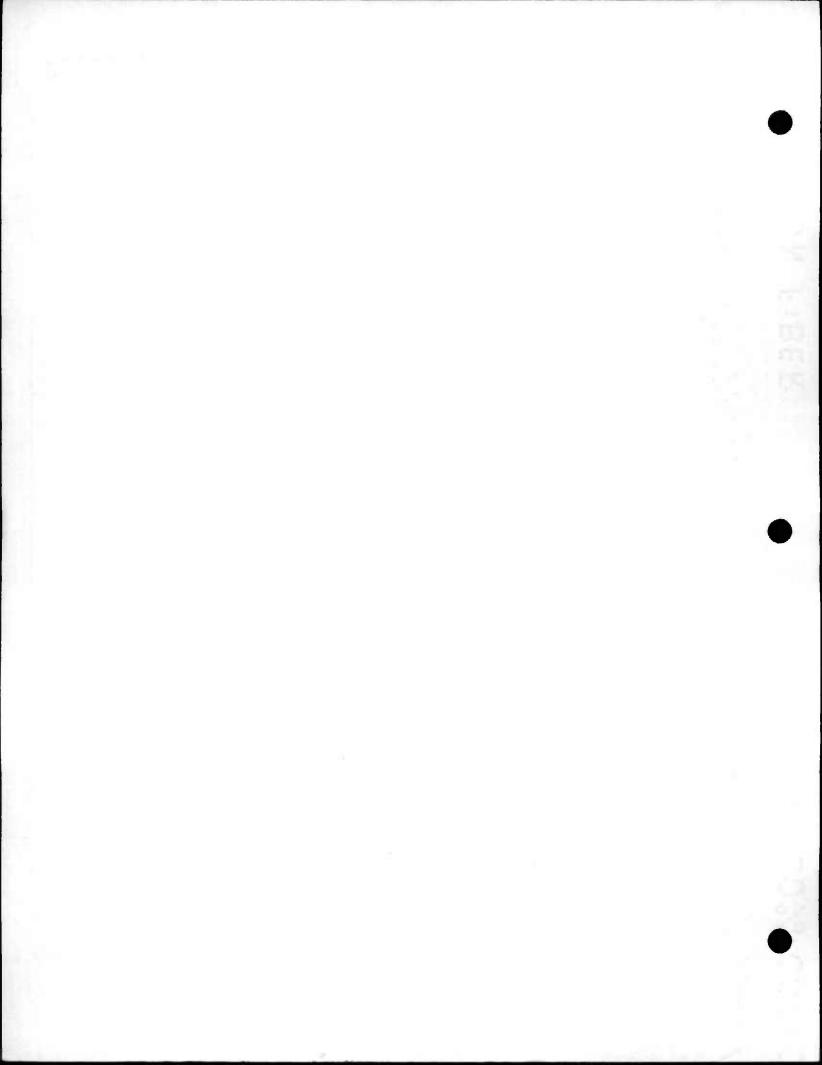
FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND	MENTAL HYGIEN		1 29173	
1. DECEDENT'S NAME (First, Middle, Last) LINWOOD H.	MURPHY				2. DATE OF DEATH MONTH OCTOBER 8	AV V	3. TIME OF DEATH 5:00 P M	
	1	yrs. last birthday) YRS.		AR IF UNDER 24 HRS. AYS HOURS MIN. WN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) MARCH 31,		BIRTHPLACE (State or Foreign Country) NORTH CAROLINA	
FOO CITYOUR DI			SILV	ER SPRING	EAIH		GOMERY	
	GOMERY		Y, TOWN OR L	SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 509 GILMORE 11. MARITAL STATUS 1 Never Married 2 57 Married	DRIVE			20901		USA	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES			DECENDENT OF HISPA e, specify Cuben, Mexico YES 2 1 NO Specifi	on, Puerto Ricen, etc.)	s or No- 14	RACE — American Indian, Black, White, etc. Specify: WHITE	
15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of the Do NOT us) OWNER/	work done duri se retired.)	ng most of working	DELI	JSINESS/INDUS	TRY	
ZEBULON V.	MURPH	Y		16. MOTHER'S NA MATTIE	AME (First, Middle, Meide LEE	SMITE	H	
PHYLLIS MURPHY	(WIFE)			Treet and Number or Rural			RYLAND 20901	
20a. METHOD OF DISPOSITION 1 Burial 2 Commandon 3 Removi	20b.			of cemetery, cremetory or			y or Town, State	
4 Donation 5 Other (Specify)	MET	ROPOLIT					A. VIRGINIA	
1 Sugar	offere	6	500 τ		BLVD., W.	, SIL.	SP., MD 20901	
23. PART I. Enter the diseases, or core shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused at only one cause on each	the Beath. Do i	not enter the	mode of dying, suc	ch as cardiac or resp ect	piratory arres	Approximate interval Between Onset and Death	
	DUE TO (OR AS A	rien	der	tre Vear	Miseas	(Years	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	_ (')	10	'			Yours	
PART II. Other algnificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 TO 1 27. MANNED DEATH	contributing to death bu	t not resulting	In the unde	rlying cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tient 3 DOA	OTHER:	26. PLACE OF DEATH (C				
27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	TIME OF INJURY AT WORK? M 1 YES 2 NO					
9 Dulatda -	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, y)	street, factory	office	281. LOCATION (Stree City or Town, State		Rural Route Number,	
S cool	AN: To the best of my knowle On the basis of examination						cause(e) and menner ee stated.	
296. SIGNATURE AND ATTUE OF CERTIFIER OP 100 NAME AND ADDRESS OF PERSON WHO	e p	1//		296. LICENSE NO.	ASS S	29d. DATE S	GIGNED (Month, Day, Year)	

11120

M.D.

32. REGISTRAR'S SIGNATURE INCLUDE

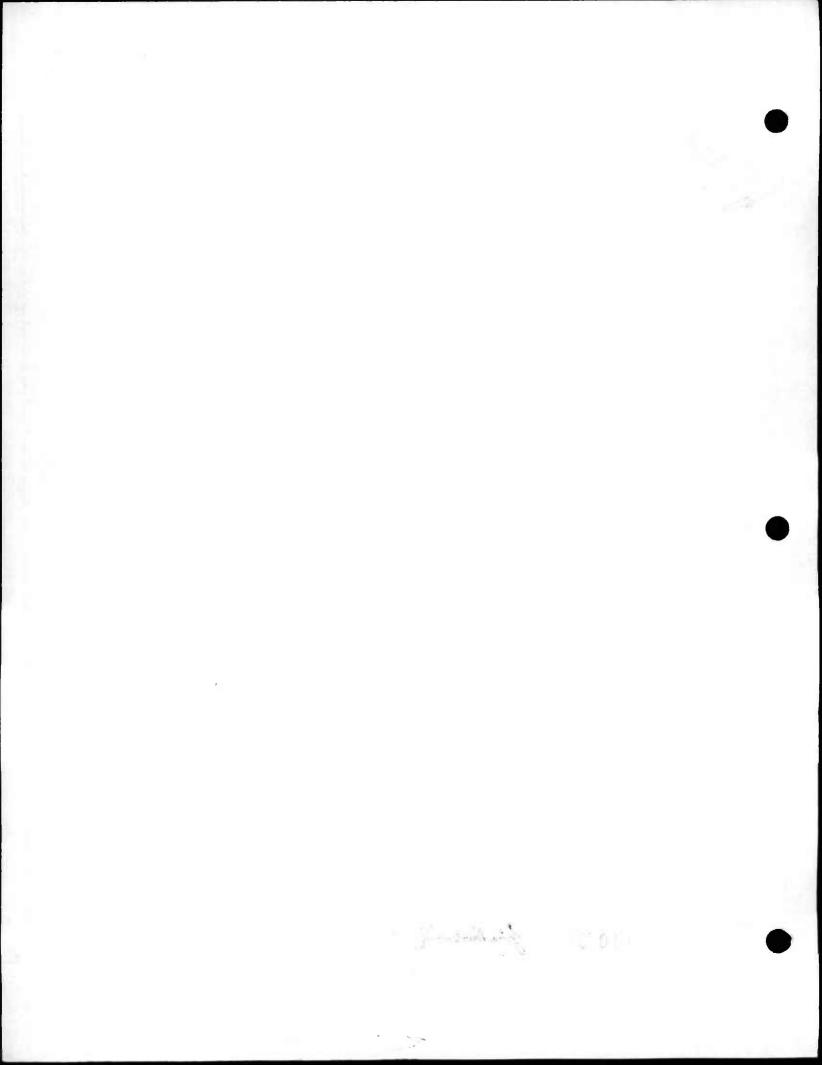
NEW HAMPSHIRE AVENUE SILVER SPRING, MD. 20904



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

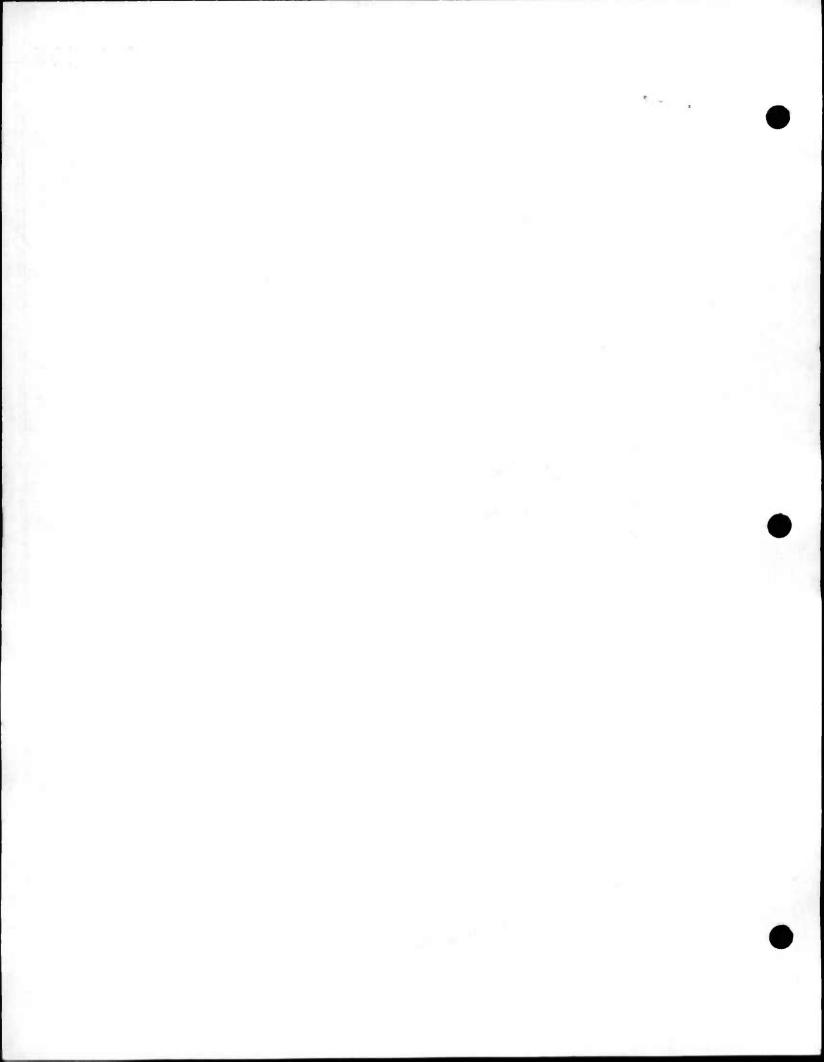
	REGISTRAR		CEF	RTIFIC	CATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last) 2. DA									3. TIME OF DEATH	-	
	ASMERET		MICHAE	1			MONTH	DV		YEAR			
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. last bit		or thinken a water			9/26	/91		12.10PM	M	
		1 M 2 F			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Year)		8. BIRTH Counti	IPLACE (State or Foreign y)	n	
	None	X	26	YRS.			Sept.	12,1	965	Erit	rea		
_	9a. FACILITY NAME (If not institution, give	street and number)		1	96. CITY, TOWN O	PR LOCATION OF D	EATH	9c. COUNTY OF DEATH					
Ö	PRINCE GEORGES HO	SPITAL CE	NTER		CHEVER	RLY			PRI	VCE G	SEORGE		
5	RESIDENCE OF DECEDENT											_	
DIRECTOR	10a. STATE 10b. COUNT		1	IOc. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
	New York C	ity		Bronx									
AL	10e. STREET AND NUMBER			101. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNTRY?		
EB	2051 St Raymond	Avenue				2							
FUNERAL	11. MARITAL STATUS		EVER IN U.S. ARMEI	D	13 WAS DEC	1046		M . M .		trea			
Ī.	1 Never Married 2 Married	FORCES? 1	YES 2 X NO		If yes, spe	ecify Cuban, Maxics	in, Puerto Rice	in, atc.)	OF NO	Black	E — American Indian, ic, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AH OR DATES		1 TYES	2 XNO Specif	y:			Speci	Black		
0	15. DECEDENT'S EDI	ICATION	16. DECEC	DENT'S III	SUAL OCCUPATION						ртаск		
E	(Specify only highest grad	e completed)	(Give I	kind of wo	rk done during mos retired.)	nt st of working	16b. KI	ND OF BUS	SINESS/IN	DUSTRY			
7	Elementary/Secondary (0-12) 12	College (1-4 or 5+)	,										
Σ			Hous	ewii	е			Own I	lome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S				fie, Maiden	Surname)				
BE	Habte Ameder	nichael		Mebrat Me					lane				
	19a. INFORMANT'S NAME (Type/Print)		19b. M	19b. MAILING ADDRESS (Street and Number or Rural Route					, State, Zh	Code)			
5	Heluf Gebre Mesl	ce1	Sam	e as	#10				of a resident with				
	20a. METHOD OF DISPOSITION			_	DISPOSITION (Nai								
	1 Burial 2 Cremation 3 Ren	noval from State	cemetery, cremate	ory or othe	r plece)	me or	DATE	20c. LO	CATION —	City or To	wn, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENCER	Asmara,	Eri				Ası	ara	Erit	rea		
	III SIGNATURE OF CAMERAE SERVICE E	7/00/	111		22. NAME AN	D ADDRESS OF FA	D.	eVo1	Fune	ral	Home		
	222 Wisc. ave., N.W., Wash. D.												
	23. PART I Enter the diseases, pr	complications that	found the death	Do not							20007		
	shock, or heart fallura.	List Dnly Dne cour	se on each line.	. 50 110	cine ino	ue or dying, auc	n aa cardiad	Dr reapi	ratory an	rest,	Approximata Intervel Between	nan.	
	IMMEDIATE CAUSE (Fine)												
	resulting in death)	a CRCR	LUIGY	-la	01110	35 400	20						
		DUE TO (OR AS A CONSEQUE	NCE OF):	- June	w	1						
z		h				(1						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUE	NCE OF):									
S	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUE	NCE OF):									
E	resulting in death) LAST										İ		
빙	d												
	PART II. Other algnificent condition	as contributing to	death but not resu	iting in	the underlying	cause given in	Part I. 24	n. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDING	GS.	
2								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL							一 1 ¹ / ₂	YES 2	□ NO		OF DEATH?		
Σ							_			-1	1 TES 2 NO		
Ž.				_									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100001711				ACE OF DEATH (Ch	eck only one)						
S	1 TES 2 NO	HOSPITAL:	ER/Outpetlent 3 - t		THER:	5 Residence	8 Other (St	nec(h)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I	NJURY 28	b. TIME D	F 28c, INJU		28d. DESCRI		LIURY OC	CURED		-	
	1 Natural 5 Pending	(Month, Day	y, Year)	INJUR	44	RK? ES 2 NO				DOTTED			
à	2 Accident Investigation 3 Suicida a Could as to	28a PLACE OF	INJURY At home,	form etc.		23 7 10							
	8 Could not be determined	building, e	tc. (Specify)	rarrn, scre	ат, гастогу, отпсе		28f. LOCATIO	DN (Street al own, State)	nd Number	or Rural R	oute Number,		
COMPLETED					0.0						- 100		
ᆲ	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the beat of n	ny knowledge, death o	occurred	at the time, date of	end place, and due	to the ceusele	and man	ner en etet	ed.			
8	one) 2 MEDICAL EXAMINE	R: On the baels of exa	mination end/or inves	atigation,	in my opinion, de	ath occured at the	time, data and	place, and	due to th	e cause(s)	and manner on stated		
	29b. SIGNATURE AND TIFLE OF CERTIFIE							proce, are	008 10 11	e cause(s)	and marker as stated.		
8	SSC. SIGNALORE AND THEE OF CERTIFIE	5			10	29c. LICENSE NUN	MBER		29d. DAT	SIGNED	(Month, Day, Year)		
2	// /	TXIL		11	1/	0008	87		19	-7:	7-01		
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27	Type, Pr	ing				-		7	\dashv	
				,									
	31. DATE FILED (Month, Day, Year)	32. RESISTRAR	SIGNATURE CA										
	OCT 10 '91	guliar	DELY CAMPONIA	MON.									
	30. 10 01		100 🅦 6	-								_1	





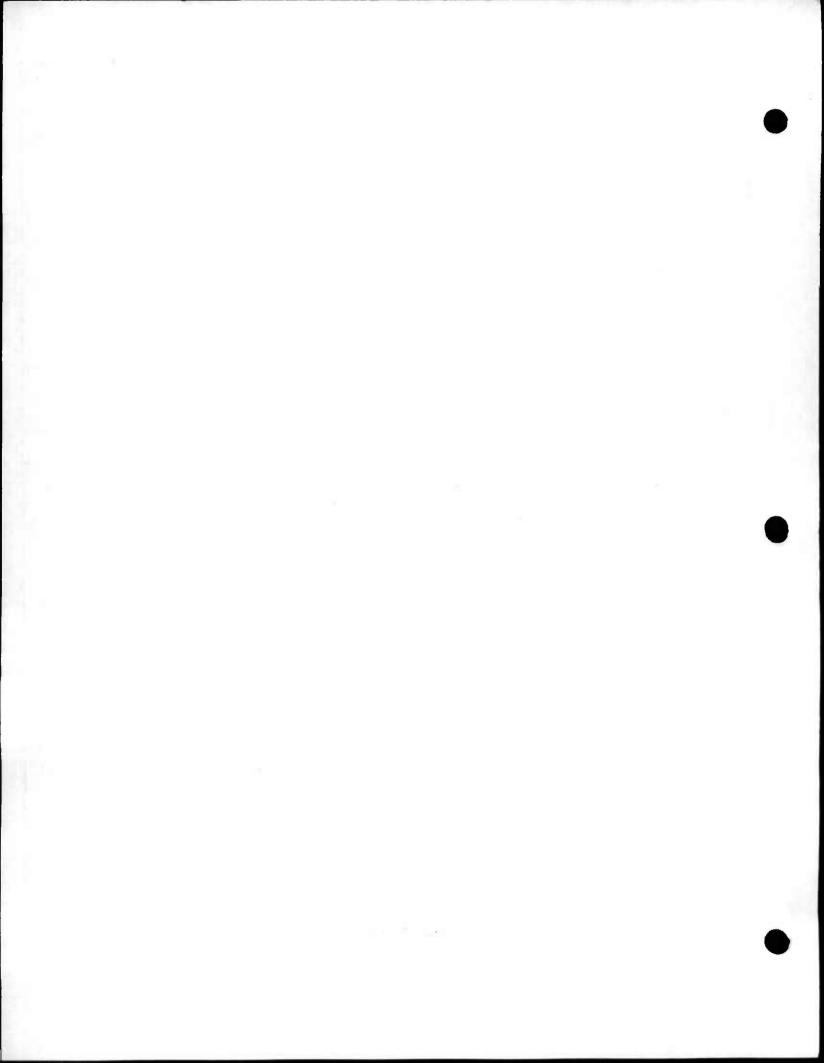
TE SISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
	OZIIII IOAI E OI BEAITI	REG. NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND DEATH	MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) LEONA MARIE		E			2. DATE MONTH UC	OF DEATH	1991	3. TIME OF DEATH 1:55 P.		
		1 M 2 X F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month 5 -	OF BIRTH 1, Day, Year) 10-1941	a. Bif Got M	ATHPLACE (State or Foreign intry) aryland		
TOR	99. FACILITY NAME (If not Institution, given Physicians Mer RESIDENCE OF DECEMENT			La P	ata	EATH	9	9c. COUNTY OF DEATH Charles			
DIREC	Maryland Cha	• •		own or Locati Plata	ON			<u> </u>	10d. INSIDE CITY LIMITS? X X YES 2 NO		
VERAL	108 Quailwood	Parkway		101.	ZIP CODE 20646		10		F WHAT COUNTRY? USA		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12, WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2 XNO	II yes, spe	NDENT OF HISPA city Cuben, Mexico NO Specia	an, Puarto F	? (Specify Yes or Rican, etc.)	Bi	ACE — American Indian, ack, White, atc.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	ual occupation done during most tired.)	of working	16b.	KIND OF BUSINE	SS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) Leonard T. Co.	Middle, Meiden Sum B A . L:		un							
TO B	Nicola P. Marc	chese, Jr.	196. MAILING AD	DRESS (Street and	Number or Rurel	Aoute Numb	oer, City or Town, Si	lata,	Md. 20646		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Ren 4 Donation	novel from State Com	PLACE AND DATE OF D	esposition (Nan Place) MOria	Gds.	10	20c. LOCAT	on – city or ldorf	Town, State,		
	21. SIGNATURE FOR MICHAEL	Blankenship	M00857	P. (ADDRESS OF FA	156	, Wald	orf,	Md. 20604		
NC	23. PART I. Enter the diseesea, pr shock, pr heart fellure. IMMEDIATE CAUSE (Finel diseese pr condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A	CELL CONSEQUENCE OF): LUNC	CA				ory erreat,	Approximate Intervel Between Onset and Death		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other eignificent condition	18 contributing to death be	ut not reculting in ti	he underlying	cause given in	Part i.	244. WAS AN AUT PERFORMED 1 YES 2)?	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPUPAL:		THER:	S Residence						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUI WOR	RY AT		CRIBE HOW INJUI	TY OCCURED			
	3 Suicide 8 Could not be determined	Suicide 8 Could not be 28s. PLACE OF INJURY — At home, term, street, factory, office 28s. LOCATION (Street and Number or Rubhilding, etc. (Specific)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edgs, death occurred at	the time, date a	nd place, end due th occured at the	to the caus	se(e) and menner	so stated.	(s) and menner se stated		
BE I	290. SIGNATURE AND TITLE OF CERTIFIE	"Mattin		1	9c. LICENSE NUM	MBER		1. DATE SIGNE	ED (Month, Day, Ybar)		
2		Krishan Ma	thur, 21	()	1/						
	31. DATE FILED (Month, Day, Year)										



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
1	1. DECEOENT'S NAME (First, Middle, Las					2. DATE OF DEATH MONTH DA	AV VE	3. TIME OF DEATH		
	Mervin Jacob Ma	rtin				Oct. 20.	1991	13.25 pm		
. 4	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	SIRTHPLACE (State or Foreign		
	214-16-1116	1 💢 M 2 🗆 F	72 YRS.			Apr. 19, 1	919 M	aryland		
~	9a. FACILITY NAME (If not institution, give				R LOCATION OF DE	ATH	9c, COUNTY			
0	Washington Co.	Hospital		Hagers	Lown		Washi	ngton		
EC	10e. STATE 10b. COUN	ITY	10c, CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY		
H	MD Was	hington		nithsbur				LIMITS?		
AL.	10e. STREET AND NUMBER				ZIP CODE		1 Q. CITIZEN OF WHAT COUNTRY?			
EB	Rt. 2 Box 407				21783		USA	or man occurrent		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE American Indian.		
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	If yes, spe		n, Puerto Rican, etc.)		Black, White, etc.		
				1				White		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	de completed)	16a. DECEDENT'S ((Give kind of w	JSUAL OCCUPATIO ork done during mos retired.)	N it of working	16b. KIND OF BU	SINESS/INDUST	RY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Farm			Farm				
ME	17. FATHER'S NAME (First, Middle, Last)									
Ö	Amos J. Martin				Anna Ma	ME (First, Middle, Meiden LY Strite	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII INC	ADDRESS (Start or						
2	Catherine M. Ma	rtin	Rt. 2	Box 407	Smithst	oute Number, City or Tow	n, Stete, Zip Codi 783	9)		
	20g. METHOD OF DISPOSITION	20	D. PLACE AND DATE OF				CATION — City of			
	1X Buriel 2 Cremation 3 Re		touffers of other			0-23-91	Greensb			
6	21. SUSTIATURE ON FUNERAL SERVICE L	DCENUTE	80-		D AOORESS OF FAC					
	M/ Tomais	Photo	-	Davi	s Funera	el Home				
\neg	23. PART I. Enter the diseases, or	complications that cause	ed the death. De es	P.t.	3 Rax 78	Smithsbu	rg, MD			
	anock, or neart fellure	. Liet only one ceuse on	aech iine.	ot enter tha mod	ie or dying, auch	as cardiac or reapi	retory arreat,	Approximate intervel Between		
	IMMEDIATE CAUSE (Finel disease or condition	10 1-	1-1	0	0	R 1		Onset and Death		
	resulting in death)	a. / Mumilion	A CONSEQUENCE OF	Longe	of Coming	rengen	~	2 who		
_		0) -	100-0		R-P	10	1 ~	5-		
흔	Sequentieily list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF		0-0	7	,	- John		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	· Ottlem	l. t.C	ander	and 6	Du e		500		
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:				/ "		
ER	resulting in death) LAST	d,								
	PART ii. Other significant condition	one contributing to deeth	but not resulting in	the underlying	cause olymp in i	and i los uma su	Auronov T			
EDICAL			- utility to be the second	the enderlying	cause given in i	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 YES 2	₽.NG	COMPLETION OF CAUSE OF DEATH?		
Σ						-	1	1 TYES 2 NO		
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26 01 4	ICE OF DEATH (Che					
Sic	EXAMINER?	HOSPITAL:		OTHER:		,				
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		5 Rasidence (26d. DESCRIBE HOW IF	HIBY OCCUBE	0		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WOR	K? ES 2 NO	Tour Desponde How I	SONI OCCORE			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm, str			281. LOCATION (Street a	nd Number or Bu	ical Bouts Number		
E I	4 Homicide determined	building, atc. (Spe	ecify)			City or Town, State)		nor riodic reprinter,		
ا ۲	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	uladaa daath aannad	Let the the calculate	4.1					
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	IER: On the basis of examination	on and/or investigation	ist the time, data a	eth occured at the t	o the cause(s) and man	ner as atated.			
	29b. SIGNATURE AND TITLE OF CERTIFIC									
H	- 11	n mD.			29c. LICENSE NUM			NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	FATH /ITEM 27 /5	Pelat)	00-7	975	10	-21-81		
	QEHOSO M.D	R-4 Box	O / CM	Hick	cas 111	5 7.76	2.			
	C. F. Hess M. D. 31. DATE FILED (Mooph-Poy-1906) 91	32. REGISTRARIS SIG	MATURE S	1003134	- My	10 2 (18).			
į	31. DATE FILED (MODEL Pay, Mari)	guna I	laurdson-Aand	lell_						



BALTIMORE, MARYLAND 21215-0020

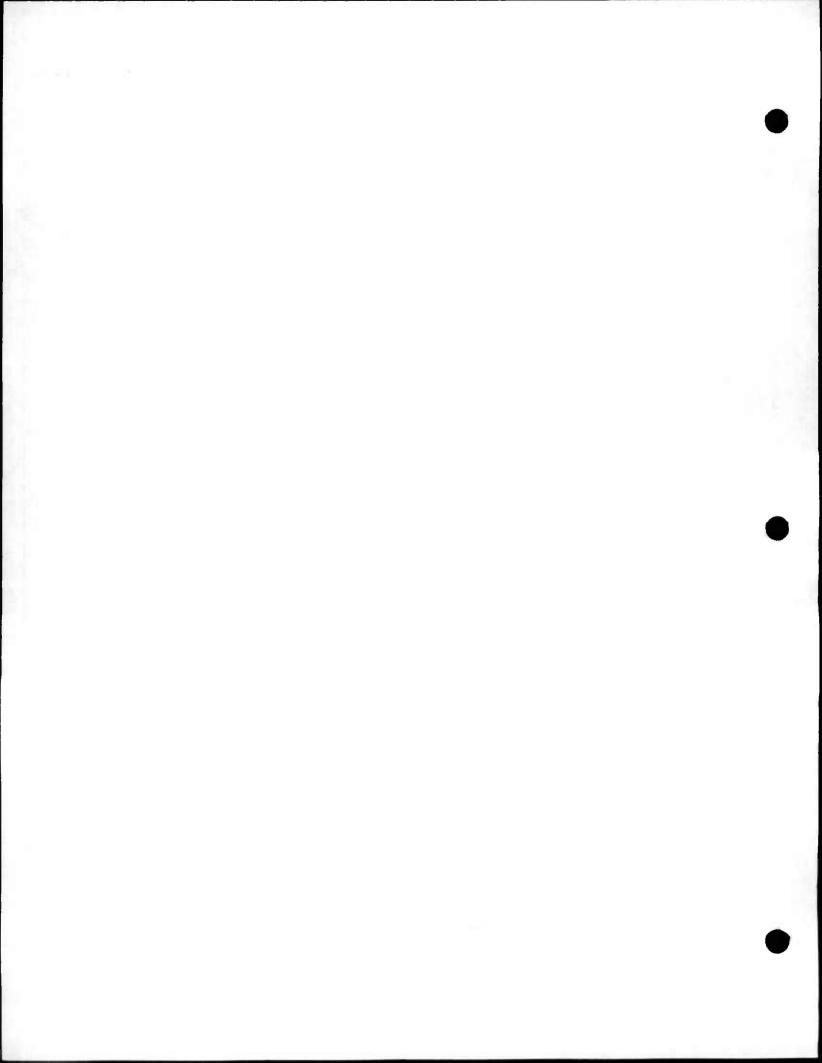
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certainlon, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

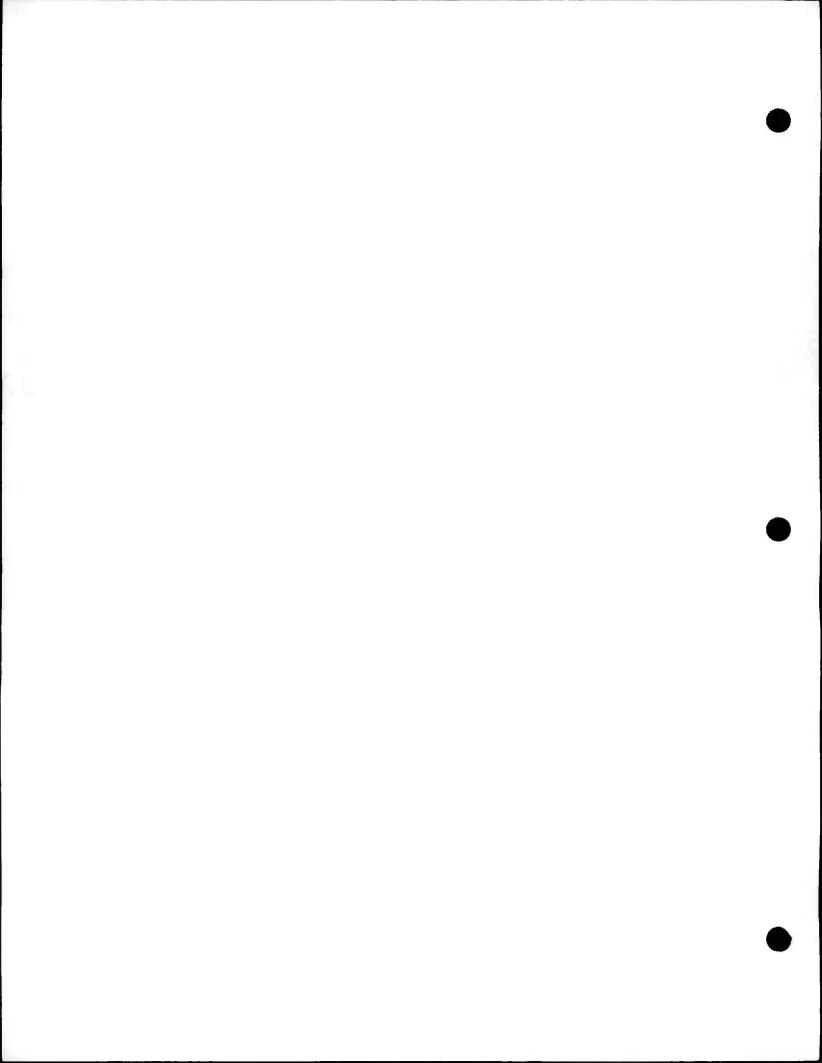
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

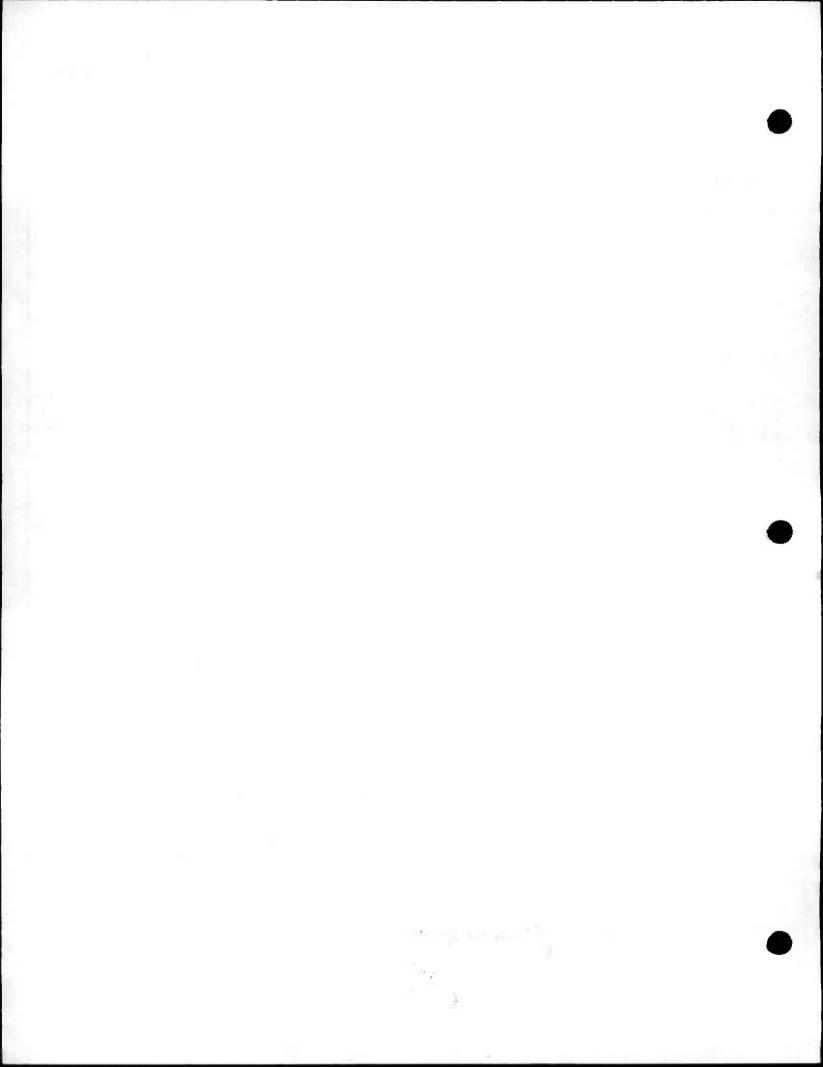
1 - STATE REGISTRAR	SINIE OF MANT	CERTIF	ICATE C	F DEA	ANU N TH		REG. NO.	E		- 2111
1. DECEDENT'S NAME (First, Middle, Last)		TOATE	DEA	111	2. DATE OF				3. TIME OF DEATH
Garnette	Marie		MARTZ	7		Octob	DA	9,199	YEAR	s. Time of Death
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA	IF UNDE	1 24 HRS.	7. DATE OF	BIRTH		a. BIRTHP	LACE (State or Foreign
215-36-6401	1 🗌 M 2 📉 F	77 YRS.	MONTHS DAY	* HOURS	MIN.	Sep.	27.1	914	Mar	yland
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATI	ON OF DE				NTY OF DE	<u> </u>
Washington Coun	ty Hospital	Hagerstown						Wa	ashin	gton
10a. STATE 10b. COUN	тү	10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
Maryland Was	nington	S	harpsbu	ırg					- 1	LIMITS?
10e. STREET AND NUMBER				10f. ZtP COD	Ε			10g. CITI	ZEN OF WI	IAT COUNTRY?
2316 Dargan Rd.			- 3	21	782				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes,	DECENDENT (specify Cube yes 2 \times no	ın, Maxican	, Puerto Rica	Specify Yes in, etc.)	or No—	14. RACE - Black, Specify Wh 1	American Indian, White, atc.
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18a. DECEDENT'S	USUAL OCCUP.	ATION	20	16b. KII	ND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)	most or working	עי					
		Proce	sser				ruit	Pack	king	Co.
17. FATHER'S NAME (First, Middle, Last) John	Villiam	Johnson			dna	AE (First, Midd	le, Maiden :	Surname)	Mye	rs
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number	or Rural R	oute Number,	City or Town	, State, Zip	Code)	
Garey K.Everhart		231	4 Darga	n Rd.	Shar	rpsbur	g,MD	2178	32	
20a. METHOD OF DISPOSITION 1 [XBurlel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	noval from Stala	metery, cremetory or of	ther place!		. 10	DATE /02 /04			City or Town	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	amples M		AND ADDRE			Sna	rpsbl	urg,M	D 21782
· MajorM. CM.	au			ORNE F				ort M	MD 21	705
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Cardiop DUE TO (OR AS		asses 11 4	t arc ti	in					interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	d	A CONSEQUENCE OF								
PART II. Other algoliticent condition	na contributing to deeth	out not resulting i	in the underly	ring cause of	given in F		PERFORI	MED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF D	EATH (Char	sk only one)				
EXAMINER?	HOSPITAL: 1 Pinpetient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing H				nadi-1			
27. MANNER OF DEATH	284. DATE OF INJURY	28b. TIMI	E OF 28c.	INJURY AT		28d. DESCRI		JURY OCC	URED	
1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	WORK?	- 1				- Circo	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	/ — At home, ferm, s				28f. LOCATIO City or To	N (Street ar	nd Number	or Rural Rou	ite Number,
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of my know ER: On the basis of examination	riedge, daath occurre	nd at the time, d	ate and place,	and due to	o the cause(s) and man	due to the	ed,	and manner as etailed
296. SIGNATURE AND TITLE OF CERTIFIE							,,			
The same	n.1	?		77 2	NSE NUME	X4		N /-	SIGNED (A	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	100	05 6	0 /		10	119/	91
haurence Green.	5000n, m.D.	130 W		5%	, 7	tancoc	le, 1	Md.	21%	750
31. DATE FILED (Month, Day, Year)	32. REMISTRAN'S SIGN	Son-Randal	2							



		1 - STATE REGISTRAR		STATE OF I	MARYL					EALTH DEAT			YGIEN EG. NO.	E	J 1	C	1 7 0
		1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF I	DEATH	AY	YEAR	3. TIME OF	DEATH
		Richard H. 1		se								Oct.		991		2:15	a. M
	7	4. SOCIAL SECURITY NUMB	ER	6. SEX	100	(in yrs. lest birt		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da			8. BIRTH Countr	IPLACE (State y)	or Foreign
20	١.	234-38-7755		1XXM 2 □ F	6	52	rRS.					Feb. 2	26,	1929		yland	
(1	9e, FACILITY NAME (If not ins								R LOCATIO		ATH		9c. COU	INTY OF D	EATH	
	CTO.	18325 Lost	Knife	Circle				Gai	ther	sbur	g			Mo	ntgo	mery	
2,0	Ser.	10e, STATE	10b. COUNTY	1		10	c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE	CITY
distant the same	분	Maryland	Mont	gomery		G	ai	ther	sbur	g						1 YES	
permit	A	10e. STREET AND NUMBER							101	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNT	RY?
n. ansit	FUNERAL	18325 Lost	Knife	Circle						2087	9			U.	S.A.		
AND 21205-5140 the hospital or attending physician. detached for use as the burial-transit once.		11. MARITAL STATUS 1 Never Married 2 XX	Married	12. WAS DECEDER FORCES?	YYES	2 NO)					IC ORIGIN? (S		or No-		E — Americen k, Whita, atc.	Indien,
ing ph the bu	BY	3 Widowed 4 Divor		IF YES, GIVE	MAH DR D	ATES				2 X XNO	Specify				Spec	w. Whit	^
Z I Z U S - S I 40 Ial or attending phys for use as the bun	ED B		EDENT'S EDU			16e. DECED						16b, KIND OF BUSINESS/INOUSTRY					Е
al or att		(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	(Give kind of work done during most of working life. Do NOT use retired.)					ng	000/11/4						
spital spital	릴	12	,		.,	Manag	er					Env	iron	ment	al S	ervice	es
he hospin detached once.	COMPLET	17. FATHER'S NAME (First, Mi	ddle, Last)							16. MOTI	HER'S NAI	ME (First, Midd					- Th
	ш	John H. New	house							Cor	a Ca	rruth	ers				
retained 5 should notified	0 8	190. INFORMANT'S NAME (7)	rpe/Print)			19b. M	AILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number,	City or Tow	m, State, Zi	(p Code)		
De 5 of 5 of 6	F	Gilma Newho	use			sa	me	as	#10								
ALLIMORE, death. Page 6 may learneral director, pag examiner must be		20e. METHOD OF DISPOSITI 1 ☐ Buriet 2X—XCremetto	ON n 3 🗆 Rem	oval from State	20	b. PLACE OF I other place)	DISPO	BITION (N	ame of cer	netery, cren	netory or		1	CATION -			
age 6 mg director, er must		4 Donetion 8 D Other	(Specify)		Metropolitan Crematory Alexandri							ria,	ia, Virginia				
ALLIMORE, death. Page 6 may funeral director, pa i. examiner must b		21. SIGNATURE OF FUNERAL	Lisenice Ca) ()				22.	NAME A	ND ADDRE	SS OF FA		Vol	Fune	ral	Home	
2 2 2		7.0	· Das	U_		M008	396	1	0 E.	Dee	r Pa	rk Dr.	Gai	ther	sbur	g, MD	20877
d in by the or removal		23. PART I. Entail the di					. Do I	not antei	r the mo	de of dy	ing, auci	h aa cerdied	or reap	iratory a	rreat,		oximate /al Batween
		Onset and Death															
. 175		disease or condition resulting in death) a. Miluslulu lung lunck 3 mo.															
4 5 2 . 2				/ DUE TO	O (OR AS	A CONSEQUE	NCE O	7://									
be executed sician and con rior to burial, traumatic en	No.	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):															
S cian de	CATION	if any, leading to immediate cause. Enter UNDERLYING															
certificate ding physical hygiene pri		CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):															
P. Hyging	E	resulting in death) LAS	T .	d.													
	8	PART ii. Other aignifica	nt condition	ne contribution to	o death l	had not may	delaa	In the co			elice le	Don't las	- 1400 44			1	DAY PRIDINGS
that the dear the and Menta any Injury,	MEDICAL	PART II. Othar aignitical	nt condition	Tal Continuating to	o death i	DOL HOL FEEL	nung	in tha u	nderiyin	g cause	given in	Part 1. 24	PERFO		24	AWAILABLE I	
in requires that is been signed by pt. of Health and 3 shows any												-	_ YES :	ZXXNO		OF OEATH?	
requires been sign t. of Heal												-				1 TYES	2 🗌 NO
The law requires the has been sign ate Dept. of Heali	PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL			·			26. P	ACE OF D	FATH (Ch	eck only one)					
VIIAL AN: The la tificate has e State De	딣	EXAMINER?		HOSPITAL:	☐ ER/Out	tnetient 3 🗆	DOA	OTHE	R:	/		6 Other (S	neoth)				
그 글 등 등	Ì ≚	27. MANNER OF DEATH		26e. DATE O	F INJURY	- Y	6b. TIN	AE OF	28c. IN.	JURY AT	estrelice	26d. DESCR		INJURY O	CCURED		
NG PHYS ther this clear marked,	1 1	200.1	Pending Investigation	(Month,	Day, Year)		IN.	JURY M		ORK7 YES 2 [_ NO						
VDING YDING T After death	D BY	a District	Could not be	28e. PLACE	OF INJUR	Y — At home,	farm,	street, fac	tory, offic	20		28f. LOCATI	ON (Street fown, State	end Numb	er or Rural	Route Number	
DIVISION OR ATTENDING DIRECTOR: After hours after deatt tem 28 is ma	l 쁜 l		determined	bollong	g, att. (Spi	вску						City or 1	OWN, State	"			
DIV OR A DIREC	빌	29e. CERTIFIER (Check only	IFYINO PHYS	IICIAN: To the best of	of my know	wiedge, death	occun	red at the	time, date	end place	e, end due	to the cause	(s) and me	nner en st	ated.		
THE HOSPITAL THE FUNERAL I filed within 72 h	COMPL	one)		ER: On the basis of												(e) end manne	r ee stated.
TO THE HOSPITAL TO THE FUNERAL TO FILED WITHIN 72 IMPORTANT: If	Ö	29b. SIGNATURE AND TITLE	OF CERTIFIE	R /	A.	10				29c, LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	Dj(Month, Ďay,	Year)
THE THE Se filed WPOR	BE			4	TIM	WII				1)-	320	407		•	10	18/9	1
283	٩	30. NAME AND AODRESS O	F PERSON WI	HO COMPLETED CA	USE OF D		1					, , ,	_	<u> </u>	10	1	
6+19	.	Joseph HA	66eRY	4 141	808	PI	lys	10/A	2 5	LAN	Je :	#212	· R	ockvi	LLP,	MD:	20850
0		31. DATE FILED (Month, Day,	Year)	32. REGISTA	RAR'S SIG	NATURE	/					-			-//		
		OCT OS	9 '91	Suh	a Dav	NATURE	nde	E									



	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF CEAT	Н		3. TIME OF DEATH	
		Julia W.	Niedhamme	er		October	ff, 199	9In	1:10 AM	
)	4. SOCIAL SECURITY NUMBER 283-03-0353	1 🗆 M 2 💢 F	82 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yes May 30,	1909	Ohio		
-	9e. FACILITY NAME (If not institution, give a			DE. CITY, TOWN OR		ATH	City William	TY OF DEAT		
CTOR.	Fox Chase Nursing & Rehabilitation Center Silver Spring Montgomery									
FUNERAL DIREC	10s. STATE 10b. COUNT			TOWN OR LOCATIO	N				d. INSIDE CITY LIMITS?	
	Maryland Princ	e George's	Bow:		ZIP CODE		100 CITIZ		YES 2 NO	
	4018 Wharton Turn				or. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States					
2	11. MARITAL STATUS	N U.S. ARMED	ARMED 13. WAS DECENDENT OF HISPAN			NIC ORIGIN? (Specify Yee or No. 14. RACE -				
BY	1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D							White	
	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND O	F BUSINESS/INDU		irce	
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 6+)	(Give kind of wor life. Do NOT use	rk done during most retired.)	of working					
Z Z	12		Secreta				City Government			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI					
BE	John Michalek 190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street an		oeth Kro		Code)		
2	Loreen T. Ziska			harton T						
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rem	20	b. PLACE AND DATE O	OF DISPOSITION (Name		c. LOCATION — C	ity or Town,	, State	
	4 Donation 6 Other (Specify)	S	uburban Ci				ilver S	pring	, Maryl	
	21. SIGNATURE OF FUNE PLANT SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.									
	933 Gist Avenue, Silver Spring, MD 20910									
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on e	each line.	. /	e of dying, such		respiratory arre		Interval Betv	
IFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. DUE TO (OR AS A	A CONSEQUENCE OF):	Hear	e of dying, such		respiratory arre		Interval Bety	
ERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A	A CONSEQUENCE OF):	Hear	te of dying, such		respiratory arre		Interval Betv	
L CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF):	Hear	t Fa	Part I. 24a. W	AS AN AUTOPSY	24b. W	Interval Bety Onset and D	
: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF):	Hear	t Fa	Part I. 24a, W		24b. W	Interval Bety Onset and D	
AN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions.	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying	t Fa	Part I. 24a. W	AS AN AUTOPSY REFORMED?	24b. W	Interval Bety Onset and D	
SICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions and the conditions of the conditions of the center	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying 28. PLOTHER: 4 Nursing Home	cause given in	Part I. 24a. W PE 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	AS AN AUTOPSY REFORMED? ES 2 Y NO	24b. Wilder American Co. Ol. 1	Interval Bety Onset and D	
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying 28. PL/ OTHER: 4 Nursing Home OF 28c. INJU	cause given in	Part I. 24a. W PE 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	AS AN AUTOPSY REFORMED? ES 2 Y NO	24b. Wilder American Co. Ol. 1	OMPLETION OF CAU F DEATH?	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions and the conditions of t	b. DUE TO (OR AS A DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Patient 3 DOA 29b, TIME (NUU) Y — At home, farm, str	28. PLJ OTHER: 4 Nursing Home OF 28c. INJUNO NY WOF 1 Y	cause given in	Part I. 24a. We pe 1 y y eck only one) 6 Other (Specific 28d. DESCRIBE I	AS AN AUTOPSY ERFORMED? ES 2 V NO HOW INJURY OCC	24b. WM AM COLOR	Interval Bety Onset and D PRE-AUTOPSY FIND ANABLE PRIOR TO OMPLETION OF CAL F DEATH? YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions and interest in the conditions of the con	b. DUE TO (OR AS A DUE	petient 3 DOA 28b. TIME RIJU Y — At home, farm, streity)	28. PL/OTHER: 4 Nursing Home OF 28c. INJU WOF M 1 Y	cause given in ACE OF DEATH (Ch. 5 X) Rasidence RY AT RY RES 2 \(\sum \) NO	Part I. 24a. We pe 1 yes only one) 6 Other (Specific 26d. DESCRIBE I City or Town, to the cause(e) er	AS AN AUTOPSY REFORMED? ES 2 V NO TO NO Street and Number State) d manner as state	24b. WM AN CK ON 1 1 1 CHARLED OF Rural Rounded.	Interval Bety Onset and D ERE AUTOPSY FIND MAILABLE PRIOR TO OMPLETION OF CAU T DEATH? YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions and interest in the conditions of the con	DUE TO (OR AS A DUE TO	petient 3 DOA 28b. TIME RIJU Y — At home, farm, streity)	28. PL/OTHER: 4 Nursing Home OF 28c. INJU WOF M 1 Y	cause given in ACE OF DEATH (Ch. 5 X) Rasidence RY AT RY RES 2 \(\sum \) NO	Part I. 24a, W PE 1 Y Y 24b, W PE 24b, DESCRIBE I 25t, LOCATION (5 City or Town, to the cause(e) er time, date end pia	AS AN AUTOPSY REFORMED? ES 2 NO HOW INJURY OCC Street and Number State) Individual to the	24b. WM AM COUNTY OF RURED OF RURED FOUNDED OF RURE ROUNDED ON RUNDED OF RURE ROUNDED OF RURE	Interval Bety Onset and D ERE AUTOPSY FIND MAILABLE PRIOR TO OMPLETION OF CAU T DEATH? YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if arry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Netural 1 Netural 2 Netural 2 Netural 2 Netural 2 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 4 Netural 4 Netural 5 Net	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in petient 3 DOA 29b. TIME (NJU) Y — At home, farm, strengthy wiedge, death occurred on end/or investigation.	28. PL/ OTHER: 4 Nursing Home OF 28c. INJU WOF 1 Y reet, fectory, office	cause given in MCE OF DEATH (Ch S X) Residence SRY AT RC? ES 2 NO and place, and due ath occured at the	Part I. 24a, W PE 1 Y Y 24b, W PE 24b, DESCRIBE I 25t, LOCATION (5 City or Town, to the cause(e) er time, date end pis	AS AN AUTOPSY REFORMED? ES 2 NO HOW INJURY OCC Street and Number State) d manner as state ce, end due to the	24b. WM AM COLOR OF RURED OF RURED FOR RURED (A) and C. e couse(a) as E SIGNED (A)	Interval Bety Onset and D ERE AUTOPSY FIND ANABLE PRIOR TO MPLETION OF CAL F DEATH? YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 0 MEDICAL EXAMINER) 2 MEDICAL EXAMINERY	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in petient 3 DOA 29b. TIME (NJU) Y — At home, farm, strengthy wiedge, death occurred on end/or investigation.	28. PLJ OTHER: 4 Nursing Home OF 28c. INJU OF 4 1 Y OF 4 1 Y OF 5 1 Y OF 6 1 Y OF 6 1 Y OF 7 1 Y OF 7 1 Y OF 8 1 Y OF 9 1 Y	cause given in ACE OF DEATH (Ch. 5 X1 Residence RY AT INC? ES 2 NO and place, and due eth occurred at the 29c. LICENSE NUI 29c. LICENSE NUI 20c. COPPORT	Part I. 24a. We pe 1 ye ock only one) 6 Other (Specification (Specification of City or Town, to the cause(e) er time, date end place.	AS AN AUTOPSY REFORMED? ES 2X NO Street and Number State) Id manner as state Ce, end due to the 29d. DATE	24b. WM AM COLOR OF RURED OF RURED FOR RURED (A) and C. e couse(a) as E SIGNED (A)	Interval Bety Onset and D ERE AUTOPSY FIND ARLABLE PRIOR TO MPLETION OF CALL F DEATH? YES 2 NO No Merce Number, The Number, The Number, The Number, The Number, The Number, The Number, The Number,	



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<u> </u>	that
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1	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
SION	TENDING
<u> </u>	OR AT
ad .	PITAL

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			0'Leary			2. DATE OF DEATH MONTH DAY		YEAR 3	. TIME OF DEATN
	John	A			ary		October 9			5:45 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi birti	MONTH	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		. BIRTNPL Country)	ACE (State or Foreign
}	096-32-7376	1½ M 2 □ F	95 Y	RS.	- Lance	HOURS WIN.	August 2	,1896		York
~	9e. FACILITY NAME (If not institution, give a			9b. Cl	9b. CITY, TOWN OR LOCATION OF DEATH			Sc. COUNTY OF DEATH		
CTOR	Potomac Valley Nu	ursing Ho	me		R	ockville		Montgomery		
E.	Meditience of Decedent									
DIR	Maryland	100.00			TY, TOWN OR LOCATION				10	Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Montgom	ery		_	omac				YES 2 X NO
FUNERAL	14005 N. Commons Way				10t. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
JNE	11. MARITAL STATUS				20854			United States		
	1 Never Married 2 Married FORCES? 1 YES 2 NO			[]	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y It yes, specify Cuben, Maxican, Puerto Ricen, etc.)			Black, White, etc.		
B	3 XWIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify:					y:		Specify:		
ב	15. DECEDENT'S EDU	CATION	16e, DECEDE	NT'S USUAL	OCCUPATI	ON	16b. KIND OF B	ISINESS/INDIA	Whi	ce
LETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)		d of work don OT use retired	ne during me f.)	ost of working	1001 10110 01 01	JOHNESS/HIDO	31111	
틸	12	1		rt Cl	erk		New Yo	rk Cou	ness	
COMP	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maide		incy	
BE	Daniel O'Leary	7					ie Sulliva	,		
	19s. INFORMANT'S NAME (Type/Print)		19b, MA	LINO ADDRE	SS (Street I		Poute Number, City or To		(orde)	
임	John H. O'Leary						Potomac,			20054
	200. METNOD OF DISPOSITION		20b. PLACEAND D					DCATION - CI		20854
	1X Buriel 2 ☐ Cremetion 3 ☐ Rem- 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	St. Joh	or other place	e)	erv 10			,	e, New York
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	2. NAME A	ND ADDRESS OF FA	CIUTY Robert	Δ D11	mphr	eu Funeral
	Mulle D. Cy	2 Titt		I H	ome/	$\mathtt{Kockville}$, Inc., 3	00 W.	Mont	gomery Ave
	23. PART I. Enter the diseases, pro	· suu	@ M00348	IR	OCKV.	ille. Mar	cvland 20	850-28	105	
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	DUE TO (1) A CUT (1) DUE TO (1)	Septicem OR AS A CONSEQUENCE Chronic OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Pneum Pneum E of):	onia					Onset and Death
SERT	resulting in death) LAST d									
	PART il. Other significant condition	s contributing to d	leath but not result	ing in tha u	nderlying	g causa given in	Part i. 24s. WAS AI	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
WEDICAL	Gastrostomy						PERFO 1 YES		CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26, PL	ACE OF DEATN (Che	ck paly one)		1	
5	1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3 🗆 Do	OTHE	R:					
BY PHYSICIAN:	27. MANNER OF DEATN 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day	TIME OF INJURY				RIBE HOW INJURY OCCURED			
5 II	3 Suicide 8 Could not be determined 25e. PLACE OF INJURY — At home, term, st building, etc. (Specify)			rm, streat, fa	Test, factory, office 28t. LOCATION City or Town			N (Street and Number or Rural Route Number, wn, State)		
COMPLETE	29a. CERTIFIER (Check only one) 1 XCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner ee stated.									
H	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIONED (Mont							nth, Day, Year)		
	TIVN :	. KN	101149			D55	418	> /	0 91	91
	30. NAME AND ADDRESS OF PERSON WHO									
	Hiru Khianey, M.D	. 19520 D	octor's D	rive,	Gern	nantown,	Md. 20874			
	38 DATE FILED (MONTH, Day, Year)	32. REGISTRAS	SIGNATURE AND A	122						
	OCT 11 '91	1	-	-						

t Testerating person À

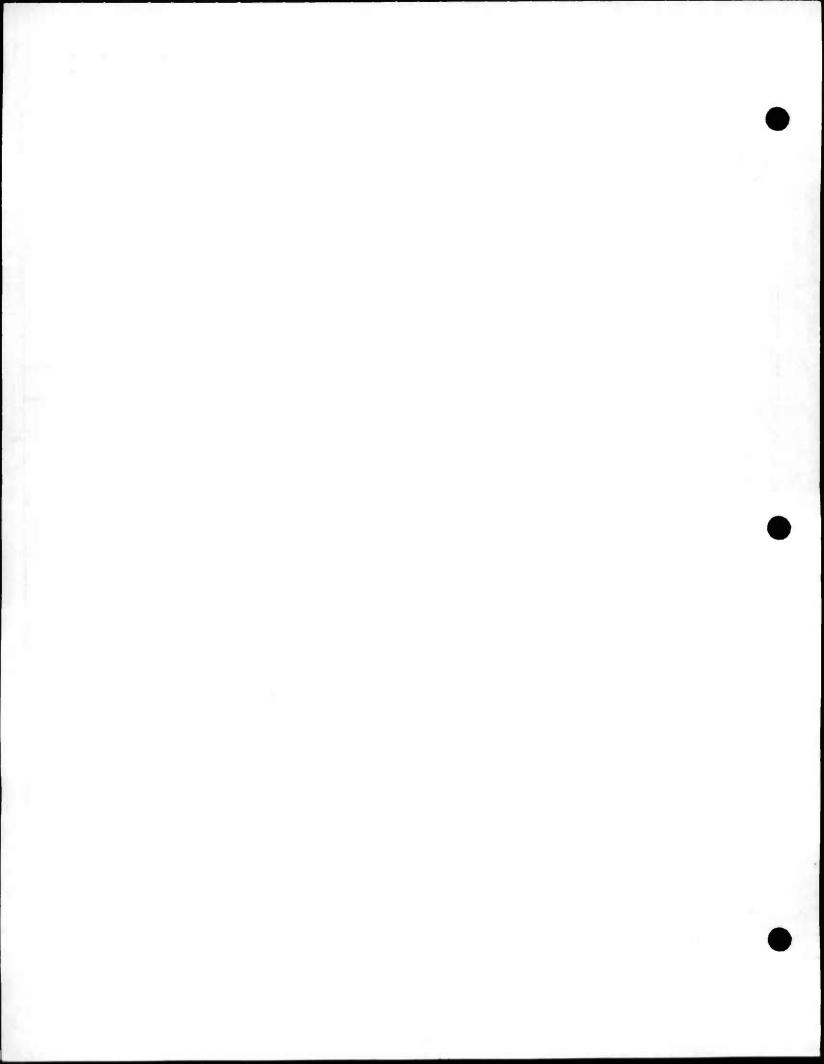
BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed with	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION	L DR ATTENDING P	DIRECTOR: After this cert hours after death with the

	1. DECEOENT'S NAME (Fig.	man,	FLOREI UCE M	NCE M.		O'CON	OF DEA		REG. NO.		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. to			WEAR SELINDE	R 24 HRS. 7. DA	TE OF BIRTH		91 11.10/			
	014-16-265		1 M 2 F	70	YRS.	MONTHS	DAYE HOURS	MIN. (M	onth, Day, Year)		BIRTHPLACE (State or Forei Country)			
	90. FACILITY NAME (# not		street end number)		-	9b. CITY,	TOWN OR LOCAT	OC ION OF DEATH	T. 18.	920 J	MASSACHUSETT			
	HOLY CR	oss	HOSPITAL			SILV		RING						
	RESIDENCE OF DE	10b. COUNT			1 15: 017			RING		MU	NTGOMERY			
	MARYLAND		TGOMERY			CTT 17		370			10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER		IGOREKI			SILVE	R SPRI			40- CITIZE	1 TYES 2 NO			
	414 P	ENWOOD	ROAD				209							
	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S. AF	RMED	13. W	AS DECENDENT	OF HISPANIC ORI	GIN? (Specify Yea		SA 4. RACE — American Indian,			
	1 Never Married 24 3 Widowed 4 Div	Merried	FORCES? 1	YES 2 X	МО	14	yes, specify Cubi	ın, Maxicen, Puer	io Rican, atc.)		Specify: WHITE			
	(Specify on	CEDENT'S EDU	CATION completed)	18e. DE	ECEDENT'S	Work done du	CUPATION uring most of work!	na	16b. KIND OF BUSI	NESS/INDU	STRY			
	Elementery/Secondary ((0-12)	College (1-4 or 5	*)										
	17. FATHER'S NAME (First, A	Middle, Lest)		WA	ITRES	SS			RESTAUR					
							18. MOT	HER'S NAME (Firs	st, Middle, Maiden S	urname)				
	19a. INFORMANT'S NAME ((Type/Print)		10	h Mail INC	ADDRESS	(Charles and M. aut.)		umber, City or Town,	-				
CENTIFICATION	immediate cause (Fidaeeae or condition resulting in deeth) Sequentially list condit if any, leading to immediates. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS	ttions, ediete (ING ury	a. Oue to bue to bue to due to	CUTC (OR AS A CONSECUTION AS A CONSECUTI	QUENCE OF	500 not enter the	UNIVER: the mode of dy Live	SITY BLY	S FUNERA VD., W., ordiac or receptor	STL	SP MD 20			
MEDIONE	PART II. Other aignifica		a contributing to	deeth but not r	esulting I	in the und	erlying ceuse (given in Part I.	24a. WAS AN AN PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
		O MEDICAL	HOSPITAL:	-14		OTHER:	28. PLACE OF D	EATH (Check only	one)					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpution 1 2 ER/Outpatient 3 DOA 4 Number 1 Residence 8 Check Control													
	1 TYES 2 NO		280. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED											
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5		28e. OATE OF	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 280. OATE OF INJURY (Morith, Day, Vear) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. 0E\$CRIBE HOW INJURY OCCURED										
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6	Investigation	28e. OATE OF (Month, Da	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY At home, farm, street, tectory, office 28t. LOCATION (Street and Number or Rural Route Number)										

M20904

2415 MUSGROVE ROAD SILVER SPRENG,
31. DATE FILED (MONTH), DON, 1901

Surviva Variation - No.

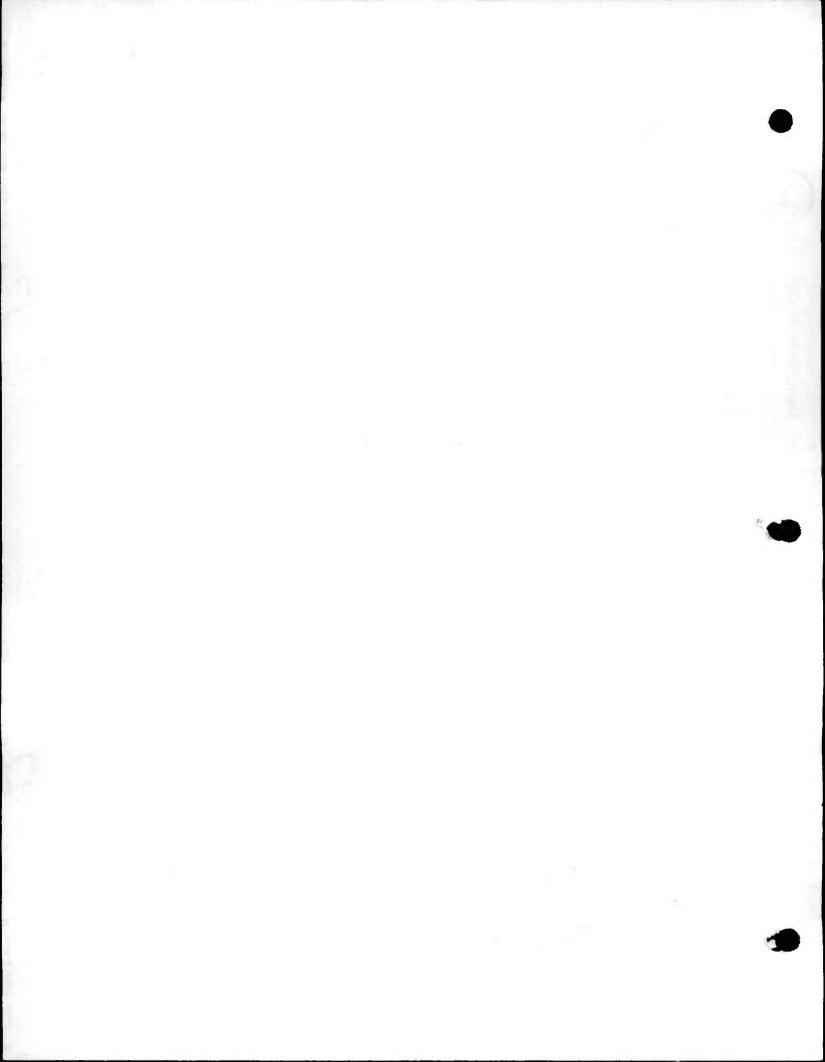


31. DATE FILED (MORNIN, Day, Year)

OCT 1 7 1991

Fishe Tavidson-Randell

	t, Middle, Last)	ARIE	OWF	NS					2. DATE (YEAR 991	3. TIME OF DEA
4. SOCIAL SECURITY NUM		5, SEX		. last birthday)	IF UNDER 1		IF UNDER	_	7 DATE C	E BIRTH		8. BIRTH	PLACE (State or F
216 46 8986		1 - M 2 - F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	June	Day, Year) 7, 1	910	Ma	ryland
9e. FACILITY NAME (# not i	nstitution, give s	street and number)			9b. CITY, 1	OWN C	OR LOCATI	ON OF O	EATH		9c. COU	VTY OF D	EATH
5934 Litt1					L	oth	ian				Ar	nne i	Arunde1
RESIDENCE OF DE	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CIT
MD	1 1	AA		Lot	hian								LIMITS?
10e. STREET AND NUMBER	1					101	ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?
5934 Little	e Rd.							2071	1		US	A	
11. MARITAL STATUS 1 Never Married 2 3 Nover Married 4 Div	-	12. WAS DECEDED FORCES? IF YES, GIVE V	YES 2	NO	16	yes, sp	ENDENT Code	n, Mexica	n, Puerto R	(Specify Yas lcan, etc.)	or No—	14. RACI Black Spec Whi	E — Amarican Ind k, Whita, atc. //y: te
	CEDENT'S EDU		16a	DECEDENT'S	USUAL OCC	UPATIO	ON		16b.	KIND OF BU	SINESS/INC	USTRY	
Elementery/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done du sa retired.)	ring mo	ast of worki	ng					
		2		house	wife						_		
17. FATHER'S NAME (First, I	Widdle, Last)								ME (First, M	iddle, Melden	Sumame)	T	
Albert	W		Tro		_			rie					rdesty
19a. INFORMANT'S NAME (7							er, City or Tow		Code)	
Owain Ellic		ens, III	ant Di		Litt1				nian,		20711		
1 Donetion 5 Other	on 3 Rem	ioval from State	oth	ace of dispo er place) . Jame	-		1-3-		7om		cation — thian		
21. SIGNATURE OF FUNER		DENSEE	_ 50	1 Danie			ND ADDRE			1 100	JIII GII	, (2)	.A) 110
23. PART I. Enter the	diseasea, Dr	complications the	et coused the	deeth. Do						me, Or			Approxin
iMMEDIATE CAUSE (FI disesse or condition reaulting in death)		e. COCO	O (OB AS A CO	was.	all		de	na	(A)				Onset an
Sequentielly list condi if sny, leading to immo csuse. Enter UNDERLY CAUSE (Disease Dr in that initiated events	ediste /ING ury	C	OR AS A COL			气	00	2(0		llsa	uş.	7	
resulting in deeth) LA:	ent condition	ns contributing to			in the und	erlyin	g cause	given in	Part i.	24a. WAS AN PERFOI		246	. WERE AUTOPSY I
PART II. Other signific		s al	nem,	A					_	1 TYES 2	₹ ∏ NO		OMPLETION OF DF DEATH?
PART II. Other signific	10 jac				OTHER:				seck only one)	₹ G NS		DF DEATH?
PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the	10 jac	HOSPITAL: 1 inpetient 2 26a. DATE Of (Month, i	□ ER/Outpaties F INJURY Day, Year)	nt 3 DOA	4 Nursi	6c. INJ WO	JURY AT ORK? YES 2 [FEIGETICA	6 Other	(Specify) CRIBE HOW	INJURY OC		DF DEATH? 1 YES 2
PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Moleral 5 2 Accident 3 Suicide 6 4 Homicide	TO MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 inpetiant 2 26a. DATE 0 (Month, i	ER/Outpaties FINJURY Day, Year) DF INJURY — J. etc. (Specify)	26b. Till IN	4 □ Nurel	1	JURY AT DRK? YES 2 [NO NO	6 Other 28d. DES 26f. LOC/	(Specify) CRIBE HOW I	INJURY OC	or Rural	DF DEATH?
PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Meterni 5 2 Accident 3 Suicide 6 4 Homicida 29a. CERTIFIER (Check only	TO MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 inpetiant 2 28a. DATE 0 (Month, i	ER/Outpaties FINJURY Day, Year) OF INJURY — , etc. (Specify) If my knowledge	26b. Till IN At horne, farm,	4 Nurel AE OF JURY M atreet, factor	ing Homiles. INJ WO 1	JURY AT DRK? YES 2 [NO NO	6 Other 28d. DES 26f. LOC/City of	(Specify) CRIBE HOW I	and Number	or Rural	DF DEATH? 1 YES 2 PROJECT OF THE PR



the funeral this certificate has been signed by the attending physician and completely file I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIRECTOR: After the hours after death v FUNERAL within 72 P

shows any Injury, MEDICAL

23

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IMPORTANT.

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2 23 PHYSICIAN:

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COMPLETED 28 Hem

BE

2

resulting in death) LAST

29b. SIGNATURE AND TITLE OF CERTIFIER

9 '91 0

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Faruk T. Ozer M.D. 11125 Rockville Pike Rockville,

32. REGISTRARIO SIGNATURE PANGLESS

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 DAY Ozkaya October 8, 12:10 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (Stete or Foreign DAYS 213-96-8316 1 M 2 X F 79 July 13, 1912. Turkey 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Montgomery Rockville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4418 Independence Street 20853 Turkey 24 nours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE -- American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 6 Homemaker Own Home once. 17. FATNER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Armenak Yaprak notified at Takouhi BE (not available) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 Avadis Ozkayan 4418 Independence Street, Rockville, MD 20853 å 206. PLACE AND DATE OF DISPOSITION (Name of 10/9/91DATE 20c. LOCATION - Cily or Town, State director, must Silver Spring, Maryland Gate of Heaven Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave. Bethesda, MD 20814-3501 M00198 au filled in by the ion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart fallura. List only one cause on each line. **Approximata** 0 Intarval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Broncho resulting in death) mei executed within event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION massi Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause, Entar UNDERLYING NIPM C CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) many other that initiated events

PART II. Other significant condition	e contributing to death but not i	reaulting in th	a underlying cause given i	Part I.	249. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only (one)				
1 TES 2 X NO	HOSPITAL: 1 Xinpatient 2 ER/Oulpatient 3		HER: Nursing Nome 5 - Residence	6 T Ott	ser (Specify)				
27. MANNER OF DEATH 1 Noturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		1	er (Specify) \$CRIBE NOW INJURY OCCURED				
3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, atreet	, factory, office	281. LO	CATION (Street and Number of y or Town, Stete)	r Rural Route Number,			
299. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the bast of my knowledge, de R: On the basis of exemination end/or	ath occurred at	the time, data and place, end du my opinion, death occured at th	e lo the ce	euse(a) and manner ea atated	1. Couse(e) and menner se stated,			

29c. LICENSE NUMBER

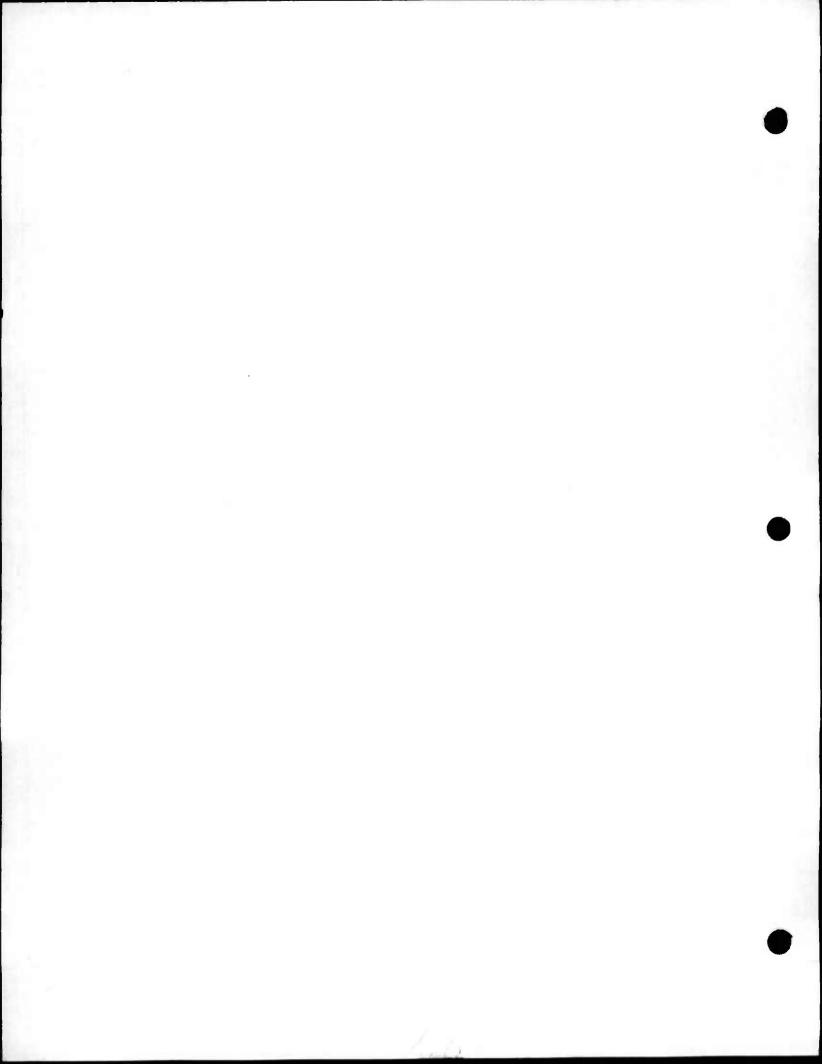
D16409

Maryland 20852

29d. DATE SIGNED (Month, Day, Year)

October 8,1991

years

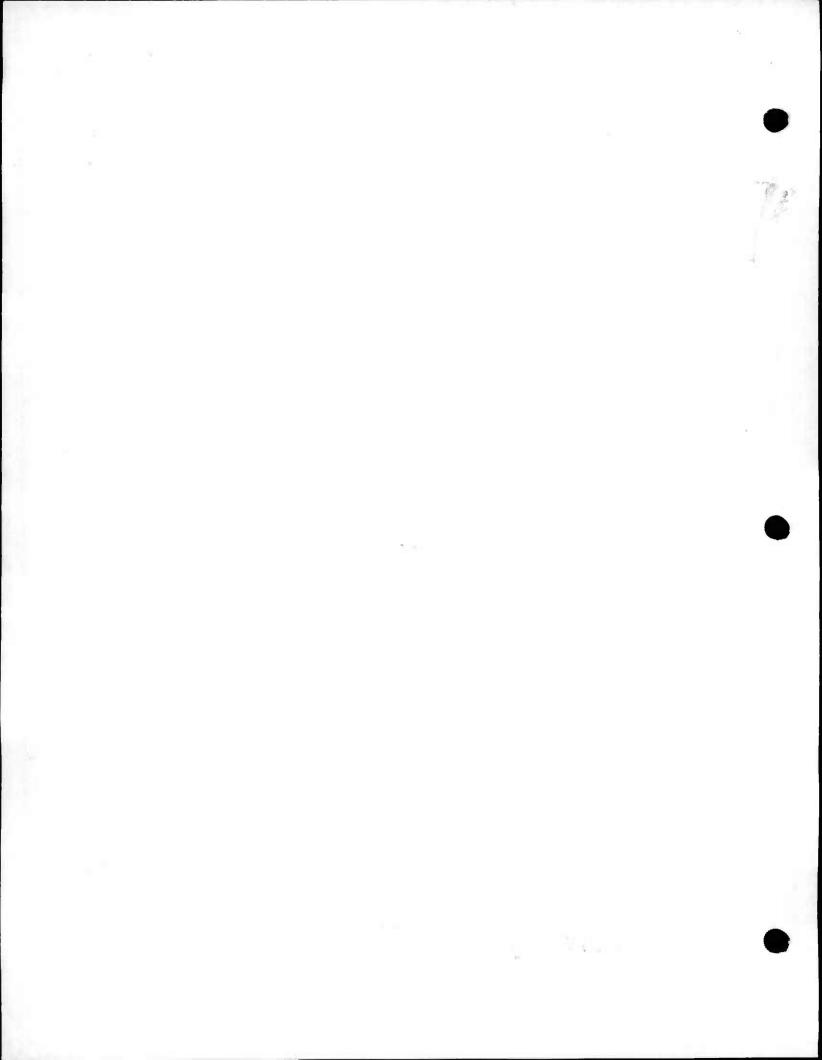


1 - STATE REGISTRAR	ATE	1 -
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO				
- 1	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE D	F DEATN			3. TIME OF DE	ATN
1	Mary Virginia	Owen					OCTO	per o	× 19	91	10:49	Ам
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bir	thday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTN			PLACE (State or	
	217-30-0041	1 - M 2 X F	55	YRS. MONTHE	DAYS	HOURS MIN.	NOV.	2 19	935	WAS	HINGTON	J. D.
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CI1	ry, TOWN	OR LOCATION OF D				NTY OF D		
DIRECTOR	Doctors Community	1 Hospital		La	nham				Pri	nce	George	
뿐	10a. STATE 10b. COUNT			c. CITY, TOWN	OR LOCA	TION					10d. INSIDE CIT	ΓY
0		CE GEORGE	'S	CL.	INTON	J					1 YES 2	NO P
FUNERAL	9708 BEVERLY AVEN	TUE .			101	20735				S.A	WNAT COUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 TO	13	II yes, sp	ENDENT DF NISPAI ecity Cuban, Maxics 2 ND Spect	n, Puarlo Ri	(Specify Years, etc.)	or No-	14. RACE Black Speck WHI		dlen,
8	15. DECEDENT'S EDU	CATION	18e. DECED	ENT'S USUAL	OCCUPATII	ON	16b. I	(IND OF BU	SINESS/INI		1E	
E	(Specify only highest grade	completed) Coffege (1-4 or 5 +)	(Give k	ind of work done NOT use retired.	during mo	ast of working	100.	CIND OF BO	3114633/1146	/031N1		
COMPLETED	12TH GRADE	00.18ge (1-0 0/ 3 +)	SI	ECRETAI	RY		I	ECOR	ATING	COM	PANY	
Ö	17. FATHER'S NAME (First, Middle, Last)				_	18. MOTHER'S NA	ME (First, Mi	ddle Meiden	Surname)			
BEC	CECIL WILBUR 19a. INFDRMANT'S NAME (Type/Print)	ARNOLD		de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constant		MARY	MARTI	IA I	OODD			
2	JAMES MICHAEL OWE	N	P.(D. BOX	184 ,	nd Number or Rural WHITE E	PLAINS	, City or Tow	n, State, Zip RYLAN	Code) D 2	0695	
	20e. METNOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND	DATE OF DISPO	SITION (NE	GARDENS	DATE	20c. LO	CATION -	City or To	wn, Slata	
	21. SIGNATURE DF FUNERAL SERVICE LIC	CENSEE A	CHARLES			GARDENS ID ADDRESS OF FA		19T	LEON	ARDI	OWN, MD).
	Muchael 7	Larde	iner	I	ITTA1	NGLEY-GA	ARDINE					
	23. PART I. Enter the diseasea, pr	emplications that c	aused the deeth.	Do not ente	r the mo	BOX 270	h as cardio	ARDIC	WIN .	MD.	20650 Approxim	
	shock, or neart reliure.	a. Acctt	on each line.								Interval I Onset an	Between
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate	b	R AS A CONSEDUEN									
2	CAUSE (Disease or Injury	<u> </u>										
	that initiated evente resulting in deeth) LAST	DUE TO (OF	AS A CONSEQUEN	ICE OF):								
<u> </u>		d										
EDICAL	PART II. Other significant condition	s contributing to de	ath but not resu	ting in the u	nderiying	cauee given in		4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF DF DEATH?	OT F
Σ							_				1 Z YES 2 [NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
S I	EXAMINER?	HOSPITAL:		OTHE		ACE DF DEATN (Ch	eck only one)					
¥ I	1 YES 2 NO 27. MANNER DF DEATH	1X Inpatient 2 E				● 5 ☐ Residenca						
٥	1 Netural 5 Pending	28a. DATE DF IN. (Month, Day,	Year) 28	NJURY		URY AT RK? 'ES 2 NO	28d. DEŞCI	RIBE NOW I	NJURY OCC	URED		
B	2 Accident Investigation 3 Suicide 8 Could and be	28e. PLACE OF III	UURY — At home, I	arm street fac		1.00	201 LOCAT	IDAL (Ct				
	4 Nomicide 8 Could not be determined	building, etc.	(Specify)	orm, otract, rat	nory, orner		City or	Town, State)	ind Number	or Rural R	oute Number,	
COMPLETED	29e, CERTIFIER (Check only one) 1 CERTIFYING PHYSH 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, death o	ccurred at the	tîme, date opinion, de	and place, end due	to the cause time, data or	(s) and men	ner se etate	ed.	and mannar as	stated.
	29b. SIGNATURE AND HTLE OF CONTIFIER					29c. LICENSE NUN						
H	Andilo	lan					- PER		Z9d. DATE	1/9	(Martin, Disk. Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	CDMPLETED CAUSE I	OF DEATH (ITEM 27)	(Type, Print)		D08237			10	11	1/	
	Reynaldo LeeLlacer	8909 0	1d Branc	h Ave.	C1:	inton, M	d. 20	735				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	ملائيس								





3. TIME OF DEATH

Approximate Interval Batween Onset and Dasth

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8:10 am M

2. DATE OF DEATH

09

20

91

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER

Helen B. Peaslee

5. SEX

	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	-	IF UNDER 24 I	RS.	7. DATE OF E	HETN		8. BIRTH	IPLACE (State or Fore
2	577-07-25	87	1 🗆 M 2 🛣	94	YRS.	MONTHS	DAY\$	HOURS N	IN.	JULY	1 . 1	897	Counti	SH.,DC
	. 9a. FACILITY NAME (If not	institution, give				96. CITY,	TOWN C	R LOCATION	F DE				NTY OF D	
DIRECTOR	NATIONA RESIDENCE OF DE		HERAN H	IOME		J	ROC	KVILL	E			MON	NTGC	MERY CO
3	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION						44.1 11101111111111111111111111111111111
5	D.C.	N	ONE		100.01.			HINGT	ON					10d. INSIDE CITY LIMITS?
١	10a. STREET AND NUMBER	2					-	ZIP CODE	OIV			100 CITI	IZEN OF Y	XX YES 2 NO
FUNERAL	4801	- CON	NECTICU	ייי איזיד	NT To	7	-	TINIZA	OLI	'A T				
5	11. MARITAL STATUS	0011	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	BMED	13. W	AS DEC	UNKN ENDENT OF H	SPANI	C ORIGIN? (S	Decify Yes	or No.	14. BACE	American Indian.
BY	1 Never Married 2 XWIdowed 4 Div		FORCES? 1		NO	14	yes, sp	2 X NO S	exican	, Puerto Ricar	, etc.)		Black Speci	t, White, etc.
			1						, , , , ,			ļ	- Operor	WHITE
		CEDENT'S EDU ily highest grade		1 (Give kind of	work done du	cupatio	ON st of working		16b. KIN	D OF BUS	SINESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT us									
	1.7. FATNER'S NAME (First, A	Aladadia di anno			BOOKE	EPE	₹					KNOV	۷N	
COMPLE			-	1				18. MOTNER	SNAN	ME (First, Middle	, Maiden S	Surname)		
ᇳ	WINFIE		A	BURN						ABETH			LLE	R
2	REV.DR.RE		D					nd Number or F						
	20a. METNOD OF DISPOSIT		D						• /					20850
	↑ Burial 2 Cremati 4 Donation 5 Othe	on 3 🗆 Ram	noval from Stata	cemetery, cr	remetory or of	ther place)				DATE		CATION —		
	21. SIGNATURE OF FUNERU		CENSEE	FOR	OT LI	NCOI	ME AN	CEMET	ER	¥9/25	BR	ENTV	TOOD	MD
	1.10	n,	11.	-01.				SONG						
	23. PART I. Enter the c	MAIN	M. CA	Mount			13	N = 0.0	ST	REET.	NI TAT	To	JASH	DC
CERTIFICATION	Sequantially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disesse or Inju- that initiated eventa resulting in death) LAS	diata ING ury	c	(OR AS A CONSE										
MEDICAL CE	PART II. Other significa		ms contributing to		rasuiting i	n tha und	arlying	causa giva	in P		WAS AN A PERFORM	MED?	24b.	WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
ICIAN: ME	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:				26. PL	ACE OF DEATH	(Chec	ck only one)				1 TES 2 NO
S	1 TES 2 XNO		1 Inpatient 2	ER/Outpatient		OTHER: 4 (A.Nursir	g Nome	5 🗆 Raside	nce S	☐ Other (Spe	city)			
BY PHYS	27. MANNER OF DEATN Netural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, De	ny, Year)	26b. TIME INJ	OF 2 URY M	8c. INJU WOF	JRY AT RK? ES 2 NO	Т	28d, DESCRIB		JURY OCC	URED	
- 19	M 1 VES 2 NO									oute Number,				
	- 0		ounding,							Only or now	m, state)			
- 11	4 Nomicide 29s. CERTIFIER (Check only 1	datarmined	CIAN: To the best of	my knowledge, do	eath occurre	d at the tim	e, data :	and place, and ath occured at	dua to	o the cause(s)	and menn	ner as state	ed.	and manner as stat

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

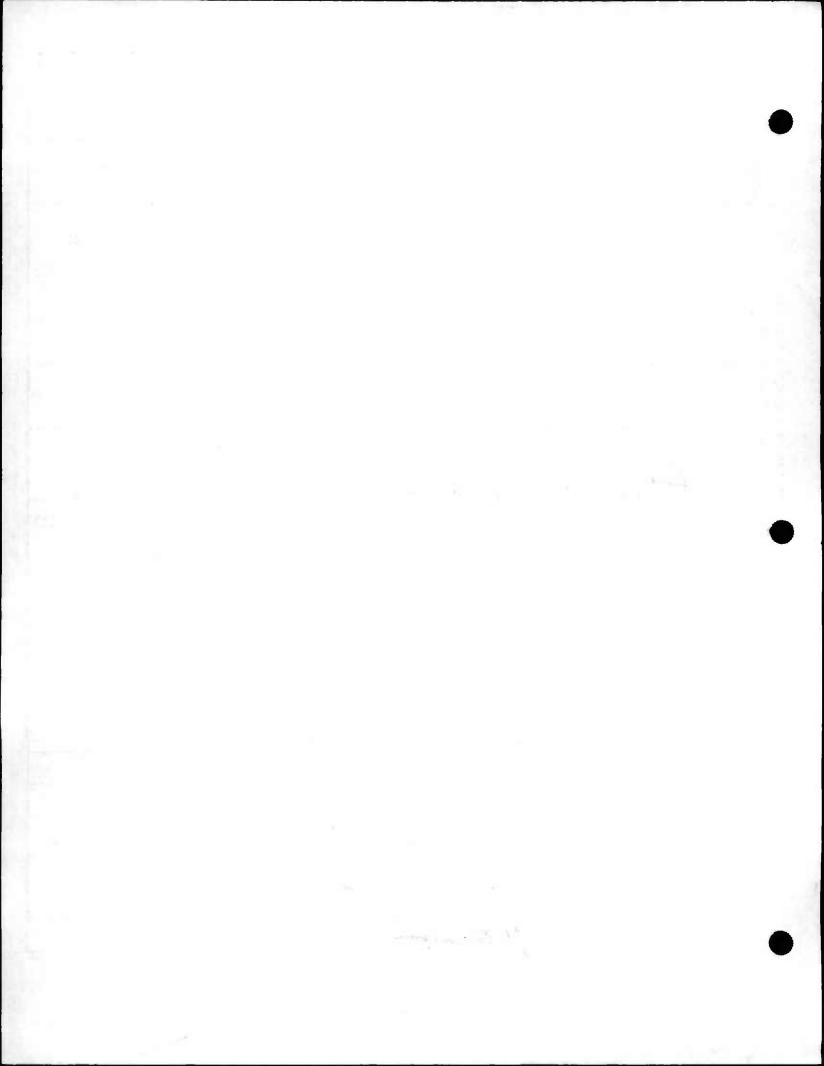
IF UNDER 1 YEAR IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

toric of Bana

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CE		CATE	OF	DEA			REG. N			
1. DECEOENT'S NAME (First, Middle, Lest) SARAH	V.	PRATH	ER					2. DATE		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH Count	HPLACE (State or Foreign
213-74-8928	1 M 2 🔀 F	85	YRS.						30,			ryland
9a. FACILITY NAME (if not institution, give o			114			R LOCATI					INTY OF D	
20014 Zio	on RQ.,			(alt	her	sbu	rg		l Mo	ntg	omery
10a. STATE 10b. COUNT			10c. CITY	Y, TOWN O								10d. INSIDE CITY LIMITS?
Maryland Mon	tgomery			Gai		zip con				10- 017	TEN OF	1 TYES 2 NO
20014 Zion	Rđ.				"			n			.S.	
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARM				ENDENT (NIC ORIG	IN? (Specify		14. RAC	E — American Indian, ik, White, atc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced		1 ☐ YES 2 🛣 NO WAR OR DATES	,			2 ZNO			Ricen, etc.)		Spec	olly:
15, DECEDENT'S EDU	CATION	18e. DEC	FDENT'S	USUAL OC	CCUPATIO	NC.		1 10	h KINO OF F	BUSINESS/IN		ack
(Specify only highest grade		(GIV	e kind of v Do NOT us	work done one retired.)	during mo	at of world	ng	"	o. Killo of t	, , , , , , , , , , , , , , , , , , ,	0001111	
7th Grade			omen	ake	r				N	one		
17. FATHER'S NAME (First, Middle, Last)						16. MOT			Middle, Maid	en Surname)		
	wailes							adie		ham		
	Daughte	/								own, State, Zi		0070
Ms Patricia Pra	ther	20b. PLACE				-	Gai			rq, I		
1 Donetion 5 Other (Specify)	oval from State	of cemetary,	crematory	chu Chu	rch	Cer	nete	lva	0/16	Gait	ther	sburg, M
21. SIGNATURE OF FUNERAL SERVICE L	ENSEE	,		22.	NAME A	ID ADDRE	SS OF FA	CILITY				
				1 0	TACT							
to knie K	· / Ma	under		- 1								20850
23. PART I. Enter the diseases, or shock, or feer failure. IMMEDIATE CAUSE (Final disease or condition	complications the	at caused the des	ith. Do r	2	46	N.W	ashi	ingt	on S	t, Ro	ockv	20850 7ille.Md Approximate interval Betw
shock, or fjest failure. IMMEDIATE CAUSE (Final	a. DUE TO	at caused the deause on aach line. O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	UENCE OF	2 not enter	46	N.W	ashi	ingt	on S	t, Ro	ockv	/ille.Md
shock, or ifest failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO C. DUE TO d.	O (OR AS A CONSEO	UENCE OF	2 not enter	46 the mo	N • Wade of dy	ashi	ingt	con S	t, Respiratory ar	OCKV	7ille.Md Approximate interval Betwoonset and De
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shock, or fjeert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5	a. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONSEO D (OR AS A C	UENCE OF UEN	2 not enter F): F): In the un OTHEF 4 Num Be OF FURY M street, fact	26. Pi	de of dy de	given in	Part 1. S Ott 28f. LC Ch e to the ce e time, de	24a. WAS PERIF 1 YES CATION (Street or Town, Street or Town,	AN AUTOPSY ORMED? 2 NO W INJURY OC we and Number to the one of	244 CCURED ser or Rural ated.	Approximate interval Betw Onset and Do Available PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,

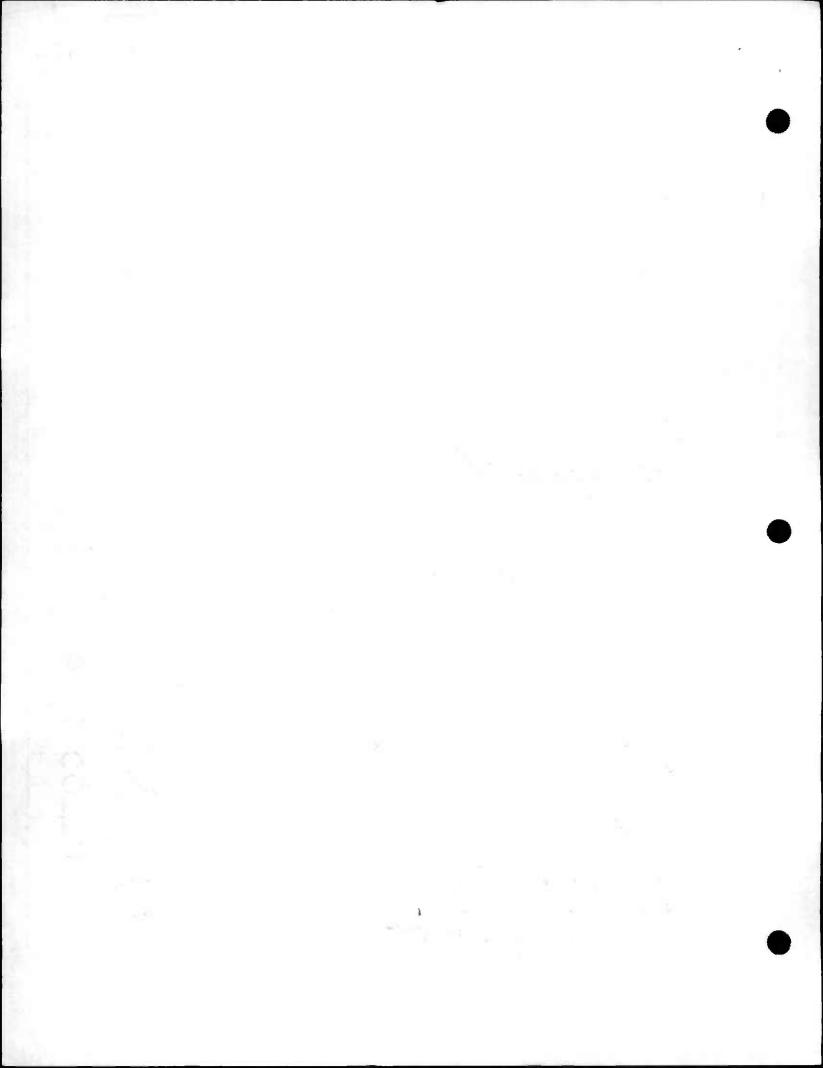


DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	s after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detache emoval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

1 -	FOR STATE REGISTRAR	
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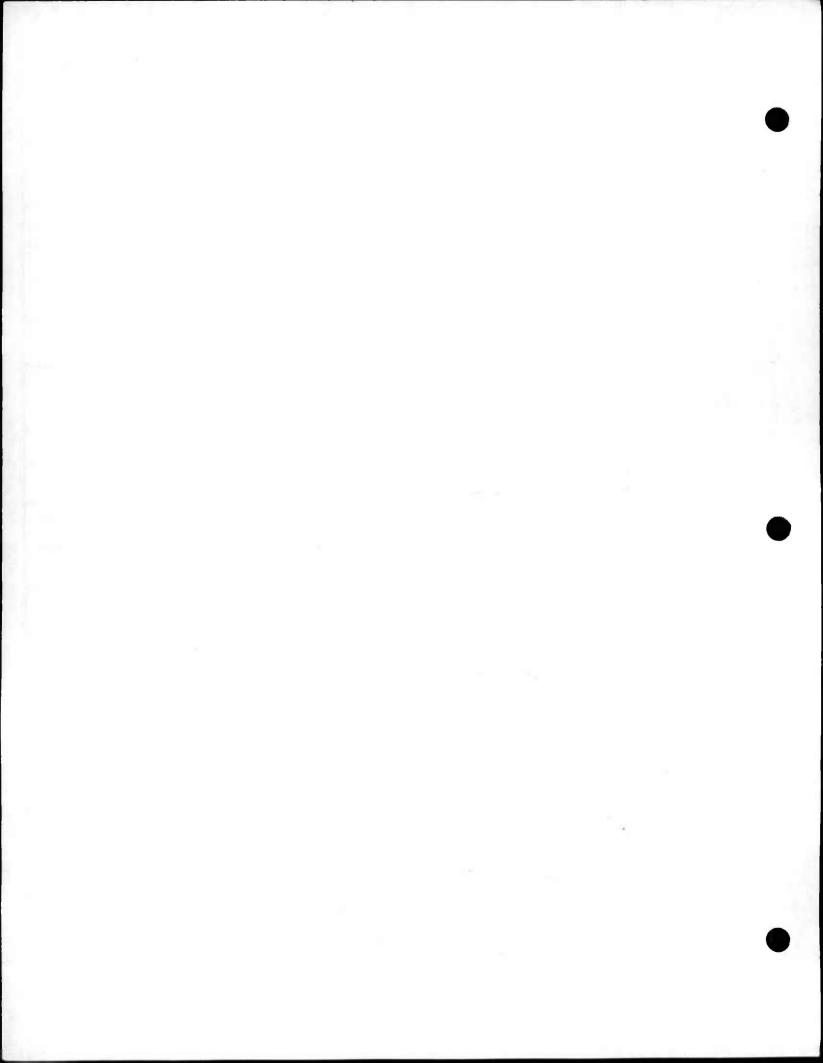
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	1	3. TIME OF DEATH		
	DAGO ANTONIO	PIERAS	3			OCT.	9. 19	91	12:35 A. M		
	4. SOCIAL SECURITY NUMBER 5. SECURITY NUMBER 5. SECURITY NUMBER 1	6. AGI		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	RTH Year)		IPLACE (State or Foreign y)		
OR	99. FACILITY NAME (If not institution, give street and ST. MARY 'S NURSING (1		NARDTOWN	EATH	9c. COL	MA	EATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
		KY'S	HO	DLLYW001					1 YES 2 NO		
FUNERAL	RT. #4, BOX 608P			101.	20636		'	U.S.	WHAT COUNTRY?		
₩ B	1 Never Married 2 V Married FC	AS OECEDENT EVER PRCES? 1 YE YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPA city Cuben, Mexic 2 NO Speci CUBAN	en, Puerto Rican	ecify Yee or No— , atc.)	Spec	E — American Indian, k, White, atc. ify: WHITE		
입	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ned)	16a. OECEDENT'S US	SUAL OCCUPATION	N st of unselded	16b. KINI	OF BUSINESS/IN				
COMPLETED		ge (1-4 or 5+)		k done during moretired.)							
ŏ	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S N.	AME (First, Middle	, Maiden Sumame)				
0	ANTONIO PIERAS				MODE	STA BAI	RBAS				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e			ity or Town, State, Zi	ip Code)			
임	MRS. JUANA E. PIERAS						, MARYL		20636		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE (20c. LOCATION -				
	1 🛱 Burial 2 🗆 Cremation 3 🗆 Removal fro 4 🗆 Donation 5 🗀 Other (Special)		CHARLES 1	other place) IEMORIAI	,	10/11			N, MARYLAND		
	EDWARD N BRINSF	M		BRINSI		NERAL H	HOME, P.				
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AN	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (C	hack only one)					
ᅙ	EXAMINER? / HOS	PITAL:		OTHER:				777			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending	(Month, Day, Year		OF 28c. INJ	e 5 ☐ Residence URY AT RK? 'ES 2 ☐ NO	***	ecify) BE HOW INJURY O	CCURED	1 12		
TED BY	a	te. PLACE OF INJU building, atc. (S	IRY — At home, farm, at pecify)	eet, fectory, offic		26f. LOCATIO City or To	N (Street and Numb wn, State)	er or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 2 MEDICAL EXAMINER: On 8								e) end menner se stated.		
TO BE C	296 SIGNATURE AND TITLE OF ACRITIFIER	ml	5		29c. LICENSE NO				O (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COM	reted cause of	DEATH (ITEM 27) (Type, I	BOX 3	06 6	mord	torus,	ud.	206 10		
	OCT 1 0 '91	Julia Davi	dson-Mandall								



100 10 01	TO RE COMPLETED BY BUYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
ne funeral director, page 5 should be detach al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos

Secondary Bandware From Month, Law James William Packett Secondary Sec		FOR STATE REGISTRAR	STATE OF M			RTMENT OF I			AL HYGIE		1 29188
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No. PARTICIPATION AND FIRST AND PRODUCTION OF SERVICE OF SECTION OF SERVICE		214-09-6132	1 🙀 M 2 🗆 F	75	YRS.	MONTHS DAYS	HOURS N			1016	Country)
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HARTY LEE PACKETT The MAILHO ADDRESS (Street and Finance or Read Rooms Number, City or Day, State, Zie Code) Rebecca L. Packett 1311 Oak Hill Avenue Hagerstown, Maryland 2174, 206. METHOD OF OBSPOSITION 1. The State of Code of the Code of Code		46 DECEDENT'S EDI									
HARTY LEE PACKETT The MAILING ADDRESS (Street and Flumbour or Part House Number, City or Part). Saint, Zie Code) Rebecca L. Packett 1311 Oak Hill Avenue Hagerstown, Maryland 2174. 280. METHOD OF ORDERSTORMS STREET HOUSE FOR PACKET STORY OF The Maryland 2174. 280. METHOD OF ORDERSTORMS STREET HOUSE FOR PACKET STORY OF The Maryland 2174. 280. METHOD OF ORDERSTORMS STREET LIFE STAND STREET HOUSE FOR PACKET STORY OF The Maryland 2174. 281. SIGNATURE OF FINERAL SERVICE LICENSEE PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arread. 282. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arread. Approximate shock, or heert feiture. List ority one cause on each line. 283. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arread. Approximate shock, or heert feiture. List ority one cause on each line. 284. PART II. Other as a cerdiec or respiratory arread. Approximate shock, or heert feiture. List ority one cause on each line. 285. PART II. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arread. Approximate shock, or heert feiture. List ority one cause on each line. 286. PART II. Other as a constitution of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the caused of the manner as stated. 286. PARCE OF DEATH (Chock only one) 286. PARCE OF DEATH (Chock only one) 287. MARKET OF DEATH (Chock only one) 288. PARCE OF DEATH (Chock only one) 288. PARCE OF DEATH (Chock only one) 288. PARCE OF DEATH (Chock only one) 288. PARCE OF DEATH (Chock only one) 288. PARCE OF DEATH (Chock only one) 288. PARCE OF DEATH (Chock only one) 288. PARCE OF DEAT	H	(Specify only highest grade	completed)	10	Ship kind of	work done during my	DN ost of working	1	86. KIND OF B	USINESS/INDI	USTRY
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198. MALHOL ADDRESS (Sized and Number of Paral Places Name). (They of Name). (See April 20 Control Na		Harry Lee Packe	tt				Daisy	Tren	e Wolf	P	
Rebecca L. Packett 1311 Oak Hill Avenue Hagerstown, Maryland 2174		19a. INFORMANT'S NAME (Type/Print)		.19	b. MAILING	ADDRESS (Street a	and Number or i	Rural Route No	imber, City or To	wn, State, Zip	Code)
20s. METHOD OF DISPOSITION 1\[TWENTED of Disposition 3 C Removal from State 1 Comment of	F	Rebecca L. Pack	ett								
Continued Comment Co		20a. METHOD OF DISPOSITION									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. ANAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 217. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, interval Bis chock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) resulting in death) DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): DUE TO (OR AS A CONSEQUENCE OP): The interval Bis conditions on the part in the conditions of the part in the par		1 XBurial 2 Cremation 3 Rem	ioval from Stata	cemetery, cri	ematory or o	ther place)		1			See let a see le
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3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10/18/9/ 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)		1 Natural 5 Pending			28b. TIM				ESCRIBE HOW	INJURY OCCI	URED
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10/18/91 DEFFREY D. SONES, MD 354 MILLST. IMBERSTOWN, MO		3 Suicide 6 Could not be	28s. PLACE Of building, a	FINJURY — At ho atc. (Specify)	ome, farm, a	street, factory, office		28f. LC	OCATION (Streety or Town, State	t and Number o	or Rural Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10/18/91 DEFFREY D. SONES, MD 354 MILLST. IMBERSTOWN, MO	OMPLE	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of ax	my knowledge, de amination and/or	esth occurre	ed at the time, data on, in my opinion, d	and place, and	due to the c	ause(a) and m	enner as state	d, cause(s) and manner as stated.
JEFFREY D. JONES, MD 354 MILLST. MAGENSTOWN, MO	BE	Sylvy A.S	res, r	0			D41	NUMBER 0/5		29d. DATE	SIGNED (Month, Day, Year)
31. DATE FILED (Month, Day, Year) OCI 18'91 Julia Davidson-Randoll.		JEFFREY D. JOH	es, mo	354	MILL	ST. INSGE	157001	d, ma	>		
		OCT 18'91	32. REGISTRA	r's SIGNATURE Lia Davidso	n-Pan	dell					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO RE COMPLETED BY DHYSICIAN: MEDICAL CEDTIFICATI

		CENTIF	ICATE OF	DEATH	MENTAL HYGIEN REG. NO 2. DATE OF DEATH		A THE OF SEATH
frino fenne:	5;				MONTH D		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. S		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	SIRTHPLACE (State or Foreign
	M 2 🗆 F 70	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/21/21	0	arvland
9a. FACILITY NAME (If not institution, give street a			96. CITY, TOWN O	R LOCATION OF DI		9c. COUNTY	
Washington Count	y Hospita	al	Hagers	town		Wash	nington
10a. STATE 10b. COUNTY		10c, CI7	Y, TOWN OR LOCAT	ION	-		10d. INSIDE CITY
Maryland Washi	ngton		Hagers				LIMITS?
10e. STREET AND NUMBER	0			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1001 Valleybrook	Drive			2174	0	USA	
	WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian,
	FYES, GIVE WAR OR DA			2 K NO Specify	n, Puerlo Ricen, etc.)		Specify: White atc.
15. DECEDENT'S EDUCATION	W TT	10- DECEDENTIO	USUAL OCCUPATION		1		
(Specify only highest grade compl	leted)	(Give kind of life. Do NOT u	work done during mo	st of working	16b. KIND OF BUS	BINESS/INDUST	RY
12	llege (1-4 or 5 +)	Driver			Truc	king	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
Antonio Pennesi				Giova		sonna	
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	, State, Zip Cod	0)
Kathleen B. Penn	esi	1001	Valley	brook D	rive		
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal to	rom Stata Cesse	PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION - City	or Town, Stata
4 Donation 5 Other (Specify)	Sr	nithsbu					g, Maryland
21 SIGNATURE OF FUNERAL SERVICE LICENSE			Gera	ADDRESS OF EA	innich	305 N.	Potomac St
Zerala 0 1.1/1	musi			ral Hom			stown, Md.
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resulting in deeth) e	OUE TO (OR AS A	consequence of	failure				Ferr
	00E 10 (0H AS A	CONSEMUENCE W	rj:				
	12 14 1 2 1 4	42	Dist 8				11.4
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If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in desth) LAST DART II. Other significent conditions conditions conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SPITAL: Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day: Year) 28a. PLACE OF INJURY - building, stc. (Specification of the best of my knowle the basis of axamination PLACE OF DEAT	tient 3 DOA 28b. TIM At home, farm, indige, death occurrend	28. PL OTHER: 4 Nursing Hom BOF 28c. INJ WO 1 Y street, factory, office	ACE OF DEATH (Chr. a 5 Residence JAPY AT RN7 ES 2 NO and placa, and dua beth occured at the 29c. LICENSE NUM J /2.194	PERFOR 1 (VES 2 By Ck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(s) and man time, data and placa, and BER	MED? NO NO NUMBer or Ru Der as stated. d dus to the cau 29d. DATE SIG	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO D ural Route Number, see(a) and manner as stated.
If sny, leeding to immediate cause. Enter UNDERLYING CAUSE. (Disasse or Injury that initiated events resulting in desth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	SPITAL: Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day: Year) 28a. PLACE OF INJURY - building, stc. (Specification of the best of my knowle the basis of axamination PLACE OF DEAT	tient 3 DOA 28b. TIM At home, farm, indige, death occurrend	28. PL OTHER: 4 Nursing Hom E OF 28c. INJ WO 1 Y street, factory, office	ACE OF DEATH (Chr. a 5 Residence JAPY AT RN7 ES 2 NO and placa, and dua beth occured at the 29c. LICENSE NUM J /2.194	PERFOR 1 (VES 2 By Ck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(s) and man time, data and placa, and BER	MED? NO NO NUMBer or Ru Der as stated. d dus to the cau 29d. DATE SIG	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO D ural Route Number, see(a) and manner as stated.

PENNESI. PRIMO
C6-21-921

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e bunal-transit permit, Pages	
should be detached for use as I	itilied at once.
in by the funeral director, page 5 removal.	edical examiner must be no
ng physician and completely filled giene prior to burial, cremation, or	other traumatic event, the m
e has been signed by the attendifule Dept. of Health and Merital Hy	m 23 shows any injury, or
HE FUNERAL DIRECTOR: After this certificat led within 72 hours after death with the Stat	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNCENCE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit, Pages, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certainly or removal.

	- SIAIL	STATE OF MARYLAND				MENTAL HYGIEN	E	91 29190
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	REG. NO.	_	3. TIME OF DEATH
	ANNE H		Qu,	INN		MONTH DA	8 9	2005 M
		6. AGE (In yrs.		F UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN O	R LOCATION OF OE	НТА	9c. COUNTY	OF OEATH
TO	Shady Grove Advent	ist Hospital		Rockvi	lle		Mont	gomery
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT			· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS?
L D	Maryland Montgo	mery	Gai	thersbu	ZIP CODE		10a CITIZEN	1 ☐ YES 2XX NO OF WHAT COUNTRY?
FUNERAL	9724 Digging Road				20879		U.S.	Α.
BY FUI	11. MARITAL STATUS	P. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES		If yes, spi		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCAT	ION 16a.	DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BUS	I BINESS/INDUST	
COMPLETED	(Specify only highest grade con Elementery/Secondery (0-12)	20llege (1-4 or 5 +)		ork done during mo retired.)	st of working	Danista.		
N N	17. FATHER'S NAME (First, Middle, Last)	2 1	eller		18. MOTHER'S NA	Bankin	~	
E C	Charles D. Harring	ton				Mc Court	our name,	
00	19e. INFORMANT'S NAME (Type/Print)	I	19b. MAILING	ADDRESS (Street a		Route Number, City or Town	n, State, Zip Coo	ile)
2	Courtney L. Quinn		9259	Chadbur	n Place (Gaithersbu	rg, MD	20879
	20a. METHOD OF DISPOSITION 1 Buriel 2 XIX cremetion 3 Remova	I from State 20b. PLA	r place)	,	netery, cremetory or		CATION — City	
	4 Donetion 6 Other (Specify)		opolit	_	atory		xandri	a, Virginia
	13.5	al_	M0089			De Vol F		Home urg, MD 20877
	23. PART I. Enter the diseases, or con	nplications that coused the	desth. Do no					
	IMMEDIATE CAUSE (Finel			9 -				Onset and Deeth
	disease or condition resulting in death)	Awte 1			., lure			1 2 HR.
_		DUE TO (OR AS A CON	SECUENCE OF)	:				
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEOUENCE OF)					
윤	CAUSE (Disesse or Injury that initieted events	DUE TO (OR AS A CON	SEOUENCE OF)	e .				2 48
Ä	resulting in death) LAST	Emphys	0-200	wit 4	cor pul	movere		
귤	PART II. Other significant conditions of	contributing to deeth but no	ot resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1	IOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. IN.	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, st			28f. LOCATION (Street City or Town, Stete)		Rural Route Number,
COMPLET	and .	N: To the best of my knowledge. On the beste of examination end						augusta and manner on whited
8	29b. SIGNATURE AND TITLE OF CERTIFIER	On the besie of examination end	A HIVERIGATION	, in my opinion, c				
H	Fresh 1. 1	myr, mo			29c. LICENSE NUI			IGNEO (Month, Day, Year)

FREDERICK

ROAD

#213.

20

2

FRANK

31. DATE FILED (Month, Day, Year)

J.

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

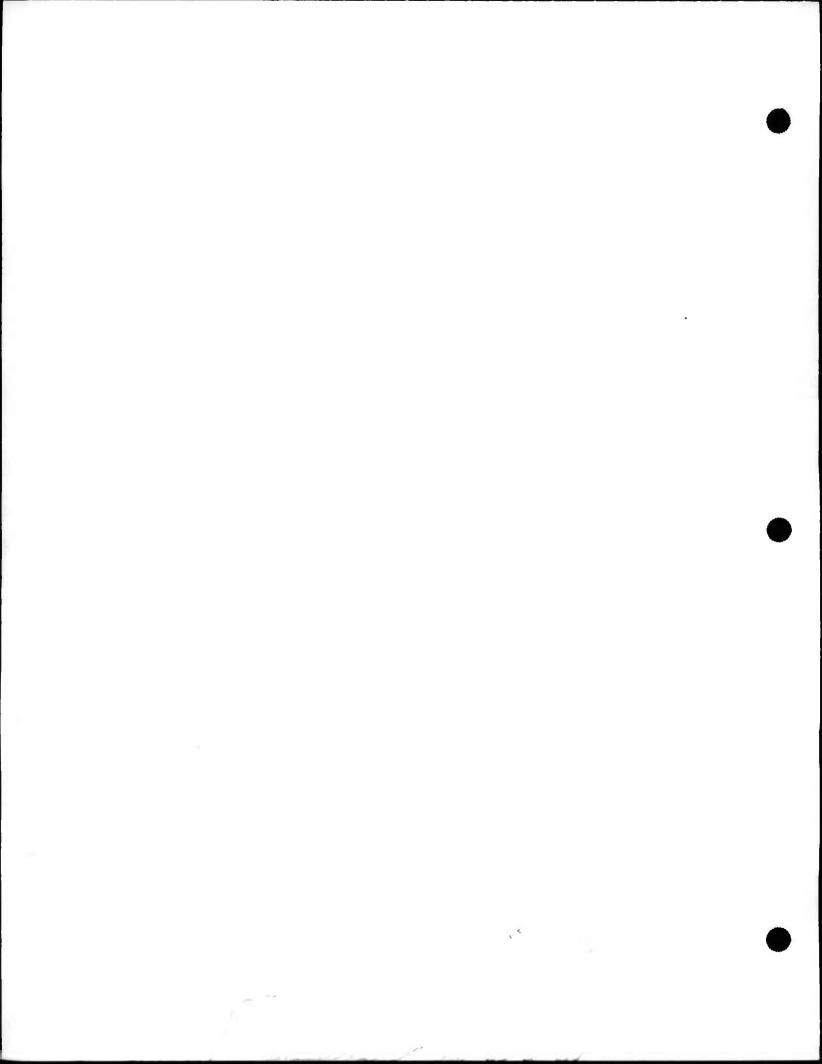
MO

32. REGISTRAR'S SIGNATURE

16220

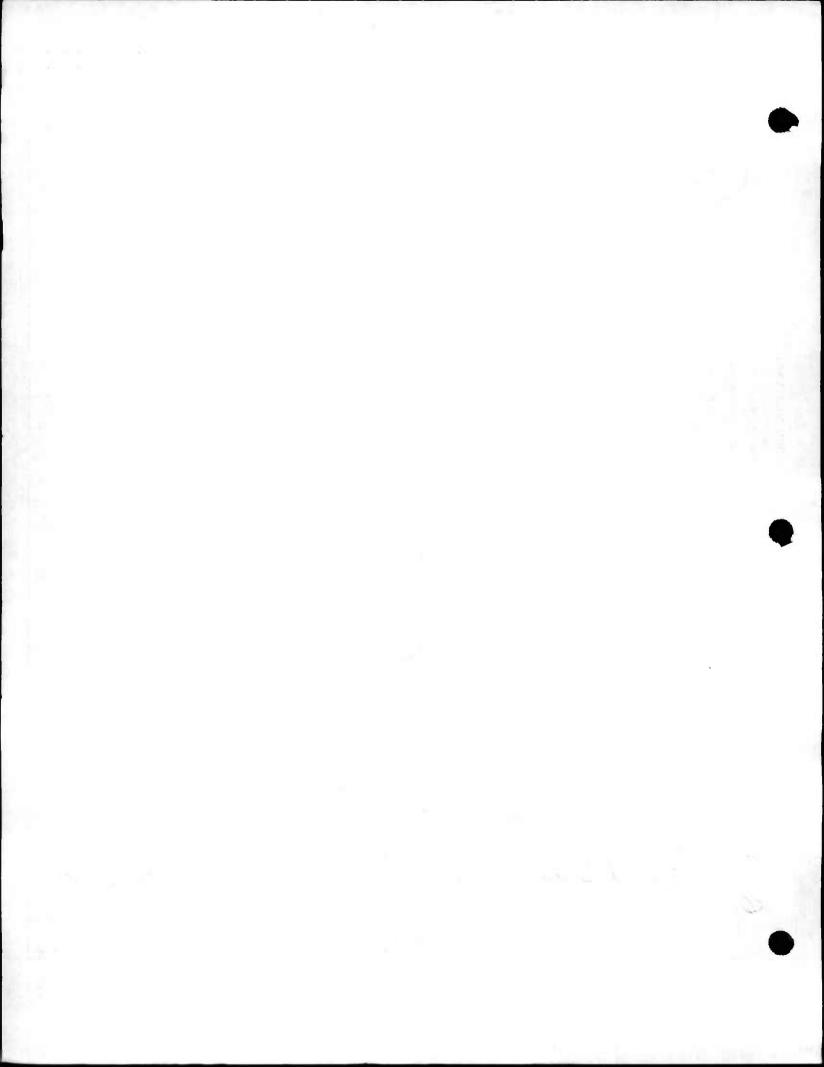
MAYO,

GATTHERSBURG MO 20877



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

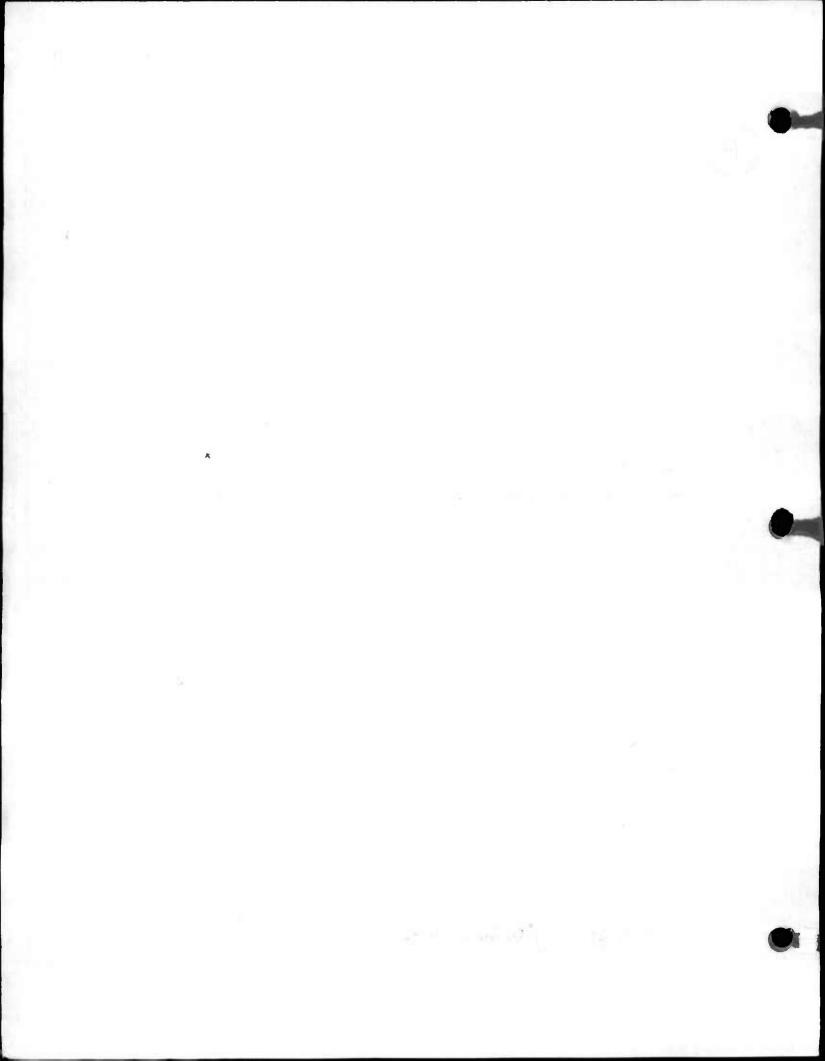
1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Las William Pa		Reilly				DAY YEAR	3. TIME OF DEATH 3:58 p
4. SOCIAL SECURITY NUMBER 225-07-7434	1 🔯 M 2 🗆 F 7	(In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 22, 19	917 Vi	THPLACE (State or Foreign intry) rginia
8101 Connecticu	it Avenue			on Location of the Chase	DEATH	Montgo	
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland			hevy Ch				10d. INSIDE CITY LIMITS? Y YES 2 NO
				101. ZIP CODE 20815			F WHAT COUNTRY?
10e. STREET AND NUMBER 8101 Connecticut 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	IN U.S. ARMED	If yes,	ECENDENT OF HISPA	ANIC ORIGIN? (Specify Young, Puerto Rican, etc.)	ee or No- 14. R/	ACE — American Indian, ack, White, etc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		(Give kind of life. Do NOT	s usual occupa work done during use retired.)	TION most of working Xecutive	18b. KIND OF B	usiness/industri	
17. FATHER'S NAME (First, Middle, Last) Charles Francis 19a. INFORMANT'S NAME (Type/Print)	Reilly	10h MAII IN	C ADDRESS (Chan	Mary	AME (First, Middle, Maide Miney I Route Number, City or To		
Anne W. Reilly		8101	Conn. A	ve.,Chevy	Chase, M		#N608
1 Burlei 2 Cremation 3 Re 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	M	it . Confor	t Crema 22. NAME Jose	and address of F ph Gawlen	10-10 A16 ACCIUTY S Sons, I	Inc. N.	
23. PART I. Enter the diseases, p shock, pr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ascetis/ G	aach line.	estinal	node of dying, au	ch as cerdiec or res		Approximata interval Betwee Onset and Dec 2 Weeks
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	£	of Pancr	OF):				1 Year
resulting in death) LAST	d	- 4					
PART II. Other significant conditions of the condition of	ions contributing to death	but not resulting	in the underly	ing couse given i		DRMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	4-d 2 - 204	OTHER:	PLACE OF DEATH (0	Check only one) 6 Other (Specify)		
27. MANNER OF DEATH 11. Natural 5 Pending Investigation Investigation	28a. DATE OF INJURY (Month, Day, Year,	Y 26b. T	ME OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	
9 Cutatdo -		RY — At home, farm pecify)	, street, factory, o	ffice	261. LOCATION (Stree City or Town, Star		rel Route Number,
TOTAL OTHER ALL	YSICIAN: To the best of my kno						se(a) and manner as stated
29b. DIGNATURE AND TITLE OF CERTIF	Enou W	>	944	29c. LICENSE N	UMBER 18	≥ / O	NED (Month, Day, Year)
Richard Perry 31. DATE FILED (Month, Day, Year)		-19th St.		ashington	n,D.C.		
31. DATE FILED (MOREN, Day, 1987)	1 Sulia Da	UNATURE					



	1. 2. 3 sh	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF M	MARYLAND A	DEPAI	RTMENT	OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN	E		29192
\	1. DECEDENT'S NAME (First,	osep	11	binou	wit	-2_				2. DATE MONT	OF DEATH		YEAR	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMB 578-24-8715 [90. FACILITY NAME (If not in		5. SEX	6. AGE (In yrs. In	of birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Mont	OF BIRTH h, Day, Year) -27-18	97	Russ	PLACE (State or Foreign y) 51a
DIRECTOR	Suburban Hos	spital	reet site number)				hes	da	ON OF DE	EATN		Mont	COME	
EC	RESIDENCE OF DEC	10b. COUNTY	,		10c, CI1	ry, town o	R LOCAT	ION						10d, INSIDE CITY
	Maryland 100. STREET AND NUMBER	Mont	gomery		Che	vy Ch								1 YES 2 NO
FUNERAL	5500 Friends	hin Ri	lud #151	1 N			101	ZIP CODE				100		HAT COUNTRY?
폭	11. MARITAL STATUS	HILP D	12. WAS DECEDEN		PMED	19.3	MS OFC	208		uc onicu	17 (Specify Yes			tates
B	1 Never Married 2 🔀 3 Wildowed 4 Divo	rced	FORCES? 1	YES 2 X	NO	1	f yes, spe	2 NO	n. Maxica	n. Puerto	Rican, etc.)	or No	Black Specifi	- American Indian, White atc. WHITE
COMPLETED	15. DECI (Specify only Elementery/Secondary (0	EDENT'S EDU / highest grade 1-12)	CATION completed) College (1-4 or 5 +	(0	ECEDENT'S Give kind of a. Do NOT u	work done of se retired.)	during mo	ON at of workin	9	166	KIND OF BUS	SINESS/IND	USTRY	
MP	12			Re	tail					1	len's (Cloth	ing	I .
ш	17. FATHER'S NAME (First, M. Solomon Mos		inowitz						er's na		Middle, Maiden	Sumama)		
10 B	19e. INFORMANT'S NAME (7)	,,		19	b. MAILING	ADORESS	(Street a	nd Number	or Rural F	Toute Num	ber, City or Town	n, Stete, Zip	Code)	
F	Vivian Robi			ter)	5500	Frie	ndsl	nip B	lvd.	,#15	11N,CH	nevy	CHas	e, MD 20815
	20a, METNOD OF DISPOSITI	ION on 3 🗆 Rem	oval from Stats	20b. PLACE	AND DATE	OF DISPOSI	ITION (Na	me o Cer	nete	LY OAT	E 20c. LO	CATION (City or To	wn, Stats
	4 Donation 5 Other 21. SIGNATULE OF HINERAL	(Specify)		B'Nai	Isr	ael C	ong	ragat	tion	10/	9 Dron	H111	, Ma	ryland
	TI. SIGNAL OF THE RA	L SERVICE LIC	ENSEE			DA	NZAN	SKY-	GOLD	BERG	MEMOR	RIAL	СНАР	ELS, INC.
	Jean	10	1 ton			111	70 R	locky	ille	Pik	e. Roc	kvi1	le.	MD 20852
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in desth)	eart leilure.	. Car	ela.	el	Dez	the mo	de of dyle	ng, aucl	h SS cerd	diec or respi	ratory arm	eet,	Approximete Interval Between Onset and Desth
CERTIFICATION	Sequentielly list conditi if sny, leeding to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	diete NG ry	DUE TO	(OR AS A CONSE	OUENCE O	elli n:			eu Y	D	Csee	0		geon
PHYSICIAN: MEDICAL	PART II. Other significer	nt condition	e contributing to	deeth but not i	resulting	in the und	derlying	g ceuse g	lven in	Part I.	24s. WAS AN PERFOR	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL					ACE OF DE	EATN (Che	ck only on	10)			
YSi	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		s □ Ret	sidenca	8 🗆 Othe	r (Specify)			
ву рн		Pending investigation	28e. DATE OF (Month, De		28b. TIM	E OF JURY M	28c. INJU WOI 1 Y	URY AT RK? 'ES 2) NO	28d. DES	CRIBE NOW IN	JURY OCC	URED	
	3 Suicide 6 0	Could not be datermined	28s. PLACE Of building,	F INJURY At ho etc. (Specify)	me, ferm,	street, facto	ory, office			28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural A	oute Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEON	IFYING PHYSIC	CIAN: To the best of R: On the bests of sx	my knowledge, de emination end/or	eth occum	ed at the tir	me, date pinion, de	and place,	end due	to the cau	se(e) and men	ner as state	d. ceuse(s)	and manner se stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIES	11			. 0		29c. LICE	NSE NUM	BER		29d, DATE	SIGNEO	(Month, Day, Year)
2	Once	- 1	y ble	olden	- 10	1. 1	/	27) - 2	207	1	1	0-	6-91.
	31. DATE FILED (Month, Day, 1) OCT 10 9	H.	ARDA	E OF DEATH (ITE		. Print) 545	46	NIS	con	2812	Avo	CHE	an l	6-41.

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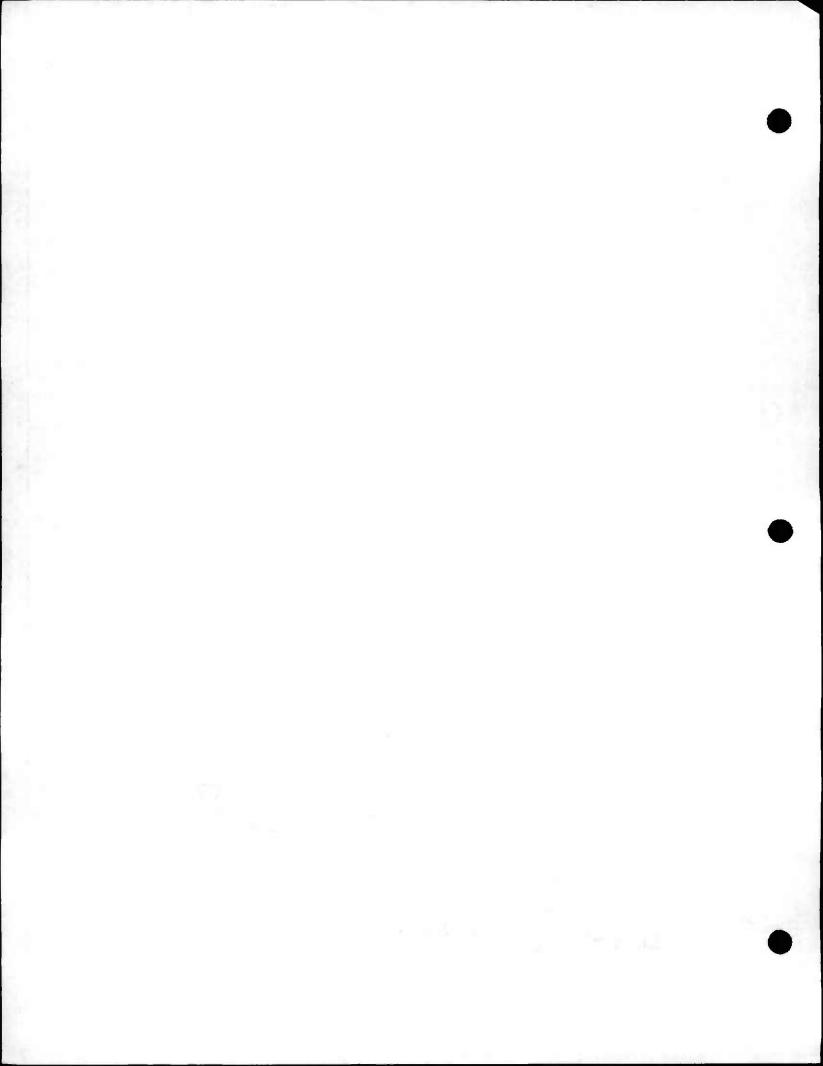
Pages

91 29193 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH REDIFER LAURA 10 2AM " 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS (Month, Day, Year) 9-7-1901 1 M 2 XF 90 216-12-9361 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hill Haven Nursing Home DIRECTOR Adelphi Prince Georges RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Silver Spring Montgomery 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2914 Chapel View Drive 20904 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married B 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 1-12 Sales Person Department Store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Wimsett Laura J. Hood 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Georgia A. Kammel 2914 Chapel View Dr., Silver Spring, Md. 20904 20a. METHOD OF OISPOSITION
11 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State Druid Ridge Cemetery 10-14-1991 4 Donation 5 Other (Specify) Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY HInes/Rinaldi Funeral Home 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 11800 N.H. Ave., Silver Spring, Md. 20904 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) HYPERTENSIVE CARDIOVASCULAR PISEASE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL ANEMIA COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? DEMENTIA 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 8 - Residence 6 - Other (Specify) HOSPITAL: 1 YES 2 X NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be fied within 72 hours after deal IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation to my colorion deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. 296. SIGNATURE AND THE OF CERTIFIER

29c, LICENSE NUMBER 29d. DATE SIGNED (Morgith, Day, Year) 031563 MP 10/10/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SILVER SPRING CHARLES BENNER MP 11161 N.H. AVE 20904 32. REGISTHAR SISIGNATIVE AND TO SEE 31. DATE FILED (Month, Day, Year) '91



YEAR

9c. COUNTY OF DEATH

1991

3. TIME OF DEATH

9:55 PM

10d. INSIDE CITY LIMITS?

1 YES 2X NO

8. BIRTNPLACE (State or Foreign

1900 Washington D.C

10g. CITIZEN OF WHAT COUNTRY?

United States

Specify:

Frederick

14. RACE — American Indian, Black, White, etc.

Cleared 10/7/91 11:45 A.M.

and

Notified

Roberts M.D.

R.R.R.

Examiner

Frederick County Deputy Medical

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

OCT 09 '91

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€C(The Park
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ION OF VITAL RECORDS, P.O. BOX 68760,	Commence of the Commence of th
ON	or Contract

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH October 6, Myrtle M. Rothery 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 1 M aXXF MONTHS DAYS YRS. 577-84-0511 June 14, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Frederick Memorial Hospital Frederick è RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Frederick Smithsburg permit FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE the burial-transit 3923 Garfield Road 21783 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuban, Maxican, Puerlo Rican, etc.)

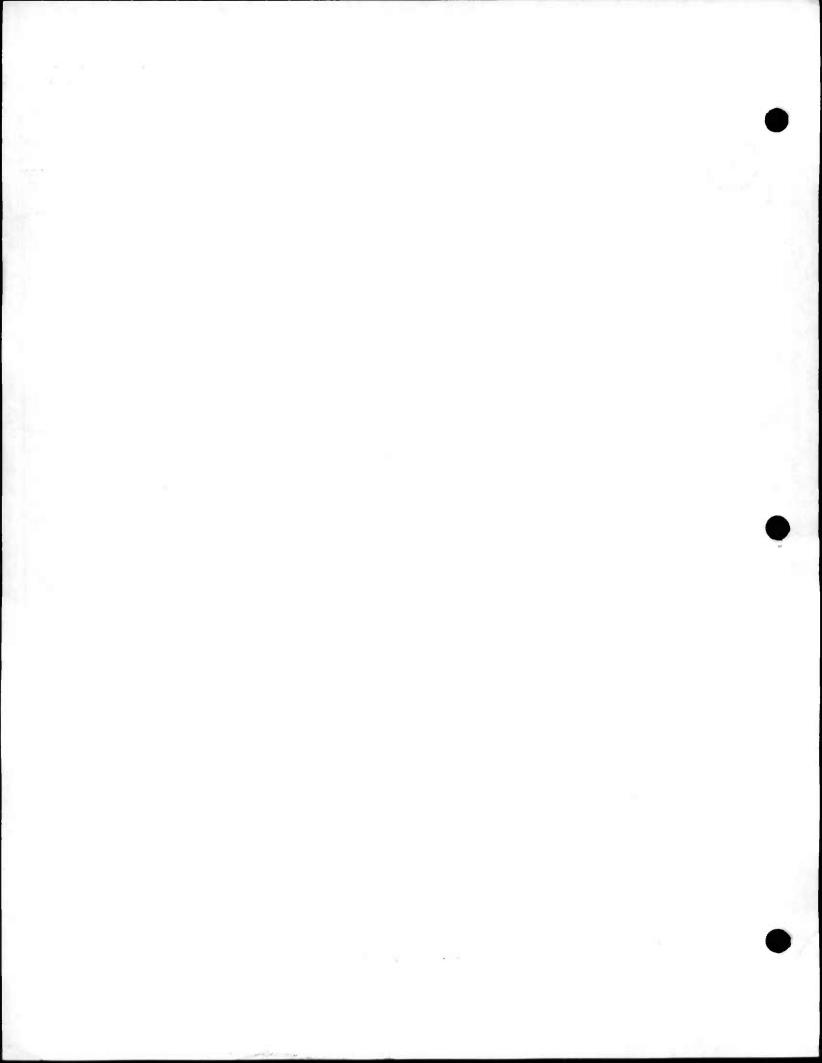
1 YES 2 NO Specify: 21215-0020 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 detached Homemaker once. 17. FATNER'S NAME (First, Middle, Last) the the 18. MOTHER'S NAME (First, Middle, Malden Surname) to 6 director, page 5 should be Charles M. Wathen notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3923 Garfield Road Smithsburg, Maryland 21783 Zane J. Voorhees be must be 20e METNOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory of other place) October 9, 1991 Cedar Hill Cemetery 4 Donatton 5 Dother (Specify) _ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
ROBert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue Bethesda, Maryland 20814 funeral filled in by the M00335 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. to burial, cremation, or IMMEDIATE CAUSE (Finsi the disease or condition Antero septal completely event, resulting in death) DUE TO (OR AS A CONSCOUENCE OF) red traumatic Leb CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, issding to immediats attending physician Hygiene prior e. Enter UNDERLYING CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initieted events soplasit's reaulting in death) LAST has been signed by the atte Dept. of Health and Mental PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY shows any PERFORMED? 1 TES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item : After this certificate | death with the State EXAMINER? OTHER: Inpetient 2 - ER/Outpetient 3 - DOA me 5 Realdence 6 Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? marked. 26d. OESCRIBE NOW INJURY OCCURED Natural 2 Accident BY 1 YES 2 NO 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 49 3 Sulcida COMPLETED 6 Could not be DIRECTOR: hours after OR ATTE 4 Nomicide Item 28 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL (IMPORTANT: If 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 표표 lesse MIS 3670 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sara Smith M.D. 915 Toll House Avenue Frederick, Maryland 21701

32. REGISTRANO SIGNATURE Pandale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> White Own Home Glady's /Not Available 20c. LOCATION - City or Town, State Suitland, Maryland Approximate intervai Between **Onset and Death** ho. 24b. WERE AUTOPSY FINDINGS AWAII ARI E PRIOR TO PLETION OF CAUSE 1 TYES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year) 10-6-



TO BE COMPLETED BY FUNERAL DIRECT

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O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a law after death. Page 6 may be retained by the hospital or attending	OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	e filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	upongravy: It is marked or item 23 shows any injury or other fraumatic event, the medical examiner must be notified at once

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

OCT 11 91

32. RESISTRAR'S SIGNATURE

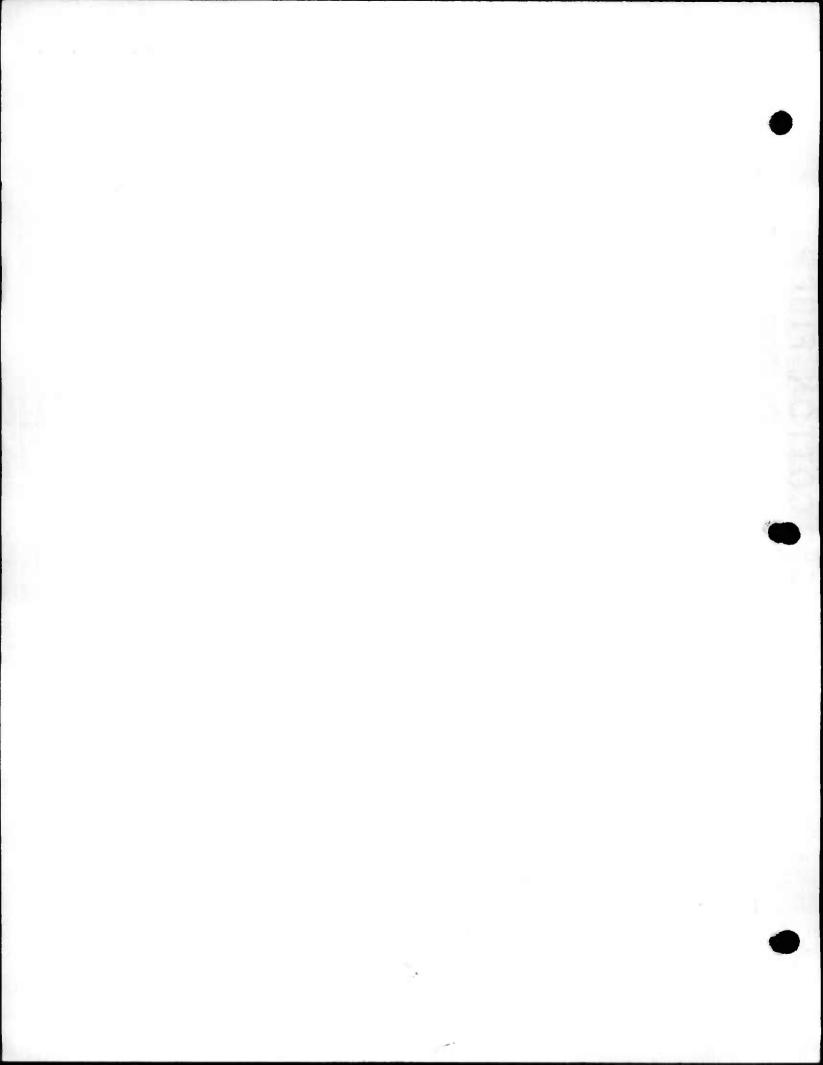
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Application

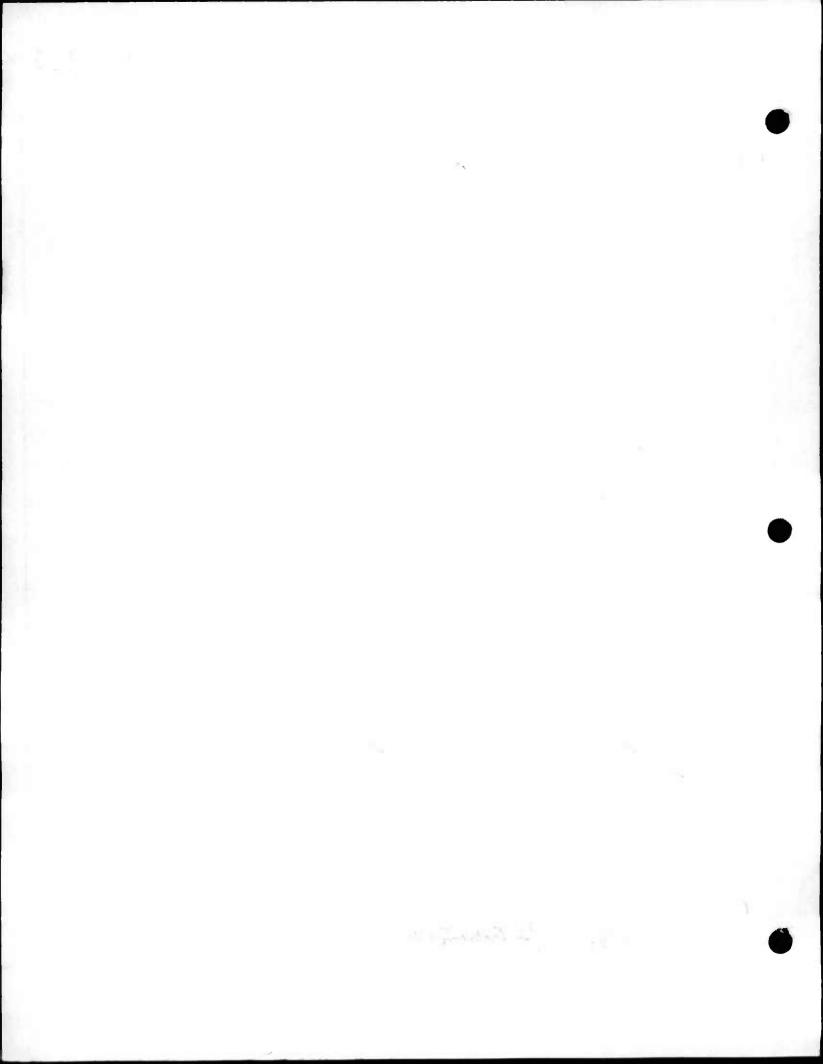
OCT 11 91

Dev 8218WISCON
32. REGISTRARIS-SIGNATURE
Juna Davidon Modelle

FOR		OTATE OF M	ADVI AND	/ DEDAG	THENT OF	HEALTH AND	MENTAL INVOICE		9		29195
1 - STATE REGISTRAR		SIAIE UF MA			ICATE OF		MENTAL HYGIEN REG. NO	_			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF DEATH		=0.0	3. TIR	ME OF DEATH
HELE	N	R	0220	N			MONTH -	AY _ C	T (1	1 =40Pm
4. SOCIAL SECURITY NUME			8. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	_	8. BIRT	HPLACE	(State or Foreign
027-05-3090		1 M 2 XF	86	YRS.	MONTHS DAYS	HOURS MIN.	(Morth, Day, Year) Dec. 1, 1	904	Con	**	ticut
9a. FACILITY NAME (If not in		reet and number)			9b. CITY, TOW	OR LOCATION OF D			UNTY OF I		LICUL
Grosvenor I		Care Cen	ter		Bet	hesda		Mon	tgom	ery	
10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10d.	NSIDE CITY
-Maryland	М	ontgomer	У		Ве	thesda					LIMITS? YES 2XX NO
10e. STREET AND NUMBER						IOI. ZIP CODE		10g. Ci	TIZEN OF	WHAT C	COUNTRY?
5721 Grosve	enor La	ne				20814		Un	ited	St	ates
11. MARITAL STATUS		12. WAS DECEDENT					NIC ORIGIN? (Specify Ye		14, RAC	E — An	nerican Indian.
1 Never Married 2		FORCES? 1 [IF YES, GIVE WA		ζиO		specify Cubsn, Mexic ES 2XXNO Speci	en, Puerto Rican, etc.) fy:		Spec	ck, White	n, atc.
Not availal	ole					2647				Whi	te
15. DEC	EDENT'S EDUC	ATION completed)	16a. C	ECEDENT'S	USUAL OCCUPA work done during	TION most of working	16b. KIND OF BU	ISINESS/IN	DUSTRY		
Elementary/Secondary (I		College (1-4 or 5+)	- 4	le. Do NOT u	se retired.)	noat or working					
Not ava:	ilable		1	Not a	vailabl	e	-				
17. FATHER'S NAME (First, A	fiddle, Last)					18. MOTHER'S NA	AME (First, Middle, Malder	Surname)			
Not ava:	ilable					Not	available				
19a, INFORMANT'S NAME (1	9b. MAILING	ADDRESS (Street		Route Number, City or Tox	vn, Stata, 2	(ip Code)		
Gary Crawfo	ord		8	Bro	oks Ave	nue, Gait	hersburg,	Mary	land	. 2	0877
20a, METHOD OF DISPOSIT 1 M Burtel 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	wal from State	other	place)		cemetery, cremetory or Cemetery		OCATION -			Maryland
21. SIGNATURE OF FUNERA		ENSEE /	Jours	- 01			ACIUTY Robert				
Much	ely	This	to 1	10034	Home	/Bethesda	-Chevy Cha	se,	Inc.	, 7	557
23. PART I. Enter the d	ilseasea, or c	omplications that	caused tha	iaath. Do	not antar tha r	noda of dying, au	ch as cardiac or reap	iratory a	rreat,	1	Approximata
ahock, or h IMMEDIATE CAUSE (Fi		List only one caus	e on each lir	10.						- 1	Interval Batween Onset and Daath
disease or condition			C a.	00	_	ot.	the F	4		i	
resulting in death)		OUE TO (OR AS A CONS			- 03	1.0		2 Ch	~	
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Sequentially list condit		OUE TO (OR AS A CONS	EQUENCE C	PP:					-	
If any, leading to imma cause. Entar UNDERLY		,								ĺ	
CAUSE (Disease or Injutation of CAUSE) that initiated events	ury S	DUE TO (OR AS A CONS	EOUENCE O	OF):					+	
resulting in death) LAS	т										
		l								+	
PART ii. Other algnifica	nnt condition	a contributing to	iaath but not	reaulting	in the underly	ing causa given ir	Part i. 24a. WAS A		Y 24		AUTOPSY FINDINGS
C	arci	Nona	30	Tu	ET &	Teas	1 _ YES	RMED?	-	COME	ABLE PRIOR TO PLETION OF CAUSE
								. 540			EATH?
				_			—			' 🗆	YES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL T					DI ACE OF DEATH (C	No. of the control of				
EXAMINER?	- MEDICALE	HOSPITAL:				PLACE OF DEATH (C	6 Other (Specify)				
1 TYES 2 NO		1 Inpatient 2 I					T				
1	Pending	(Month, De		266. TH	JURY	NJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY O	CCURED		
2 Accident	Investigation					YES 2 NO					
3 Suicide 6 S	Could not be determined	26e. PLACE OF building, a	te. (Specify)	home, farm,	atreet, factory, o	fice	281. LOCATION (Street City or Town, State		er or Rural	Route N	lumber,
29a. CERTIFIER	TIFYING PHYSII	CIAN: To the best of	ny knowledae	death occur	red at the time of	ete and place, and du	a to the cause(s) and m	onner ee e	tated.		
one)							e time, data and place, a			(a) and	manner se stated.
29b. SIGNATURE AND TITLE	E OF CENTIFIE	2.0				29c. LICENSE NU		29d. D/			h, Day, Year)



	1. DECEOENT'S NAME (First, Middle, Le	91)				2. DATE C	F DEATH DAY		3. TIME OF DEATH
S	Malene	Rundvold				9/	23	91	10:15 p
\	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE O	F BIRTN Day, Year)	8.	BIRTNPLACE (State or For
,	216-30-4566	1 M 2 XX 9	YRS.	2000			71897		Norway
œ.	9a. FACILITY NAME (If not institution, give	ve street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH
0	National LI RESIDENCE OF DECEDENT	itheran Homo	2	Roc	ckville			Mon	tgomery
DIRECTOR	10e. STATE 10b. COU			Y, TOWN OR LOCA	TION		-		10d. INSIDE CITY
	Maryland Mon	tgemery Co.	Si1	ver-go	ring				LIMITS?
FUNERAL	10e, STREET AND NUMBER				r. ZIP CODE		- 3	10g. CITIZEI	N OF WHAT COUNTRY?
VER.	1400 Fenwick	Lane			20910			ΤŢ	S.A
E.	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DEC	CENDENT OF HISPAN	NIC ORIGIN?	(Specify Yes or		. RACE - American India
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES		ocity Cuban, Mexice 2 2 NO Specify		cen, atc.)		Black, White, alc.
8	15. DECEDENT'S E	DUCATION	44- DECEDENTIA	1101111 0001101					White
	(Specify only highest gra Elementary/Secondary (0-12)	ade completed)	(Give kind of a	USUAL OCCUPATION work done during more retired.)	ON ost of working	16b. 1	(IND OF BUSIN	NESS/INOUS	TRY
_	1 2	College (1-4 or 5 +)		anion			Unk	nown	
COMP	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First MA			
_	Jorgen	Nesheim			Inge			sie	
O BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street of	and Number or Rural F			_	del
۲	Rev.Dr.Richar	d Reichard			Dr. Ro				20850
	20e. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Re								or Town, Stete
	4 Donation 5 Other (Specify)	emoval from State cen	Arling	ton Nat	t.Cemet	9/2	71/91		gton, Va.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22, NAME AT	ND AOORESS OF FAC	CILITO		1.2/	goon, va.
	M.M. LY	DAMA		10000	ing Ce.	Inc		- 75	
	V V	complications that cause e. List only one cause on a	d the death. Do r ach ilne.	1300	NStr	30.H	No Lit	Wash tory screet	Approximst
-	23. PART I. Enter the disease of abook, or heart failed IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cay dio	VESPIVA CONSEQUENCE OF	1300 not antar the mo	N Str	est, h as cardia	No Lit	Wash tory srreat	Approximst
SERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. Cay dio DUE TO (OR AS A DUE TO (OR AS A C. Stro	ach lina.	atury	N Str	est, h as cardia	No Lit	Wasł tory srreat	, Approximst
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	a. COY dio DUE TO (OR AS A DUE TO (OR AS A C. Stro	CONSEQUENCE OF	1300 not antar the mo	Arre	set, has cardia	No Lit	tory srreat	, Approxims Interval Bai Onset and
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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST PART II. Other significant conditions are sulting in death) LAST PART II. Other significant conditions are sulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN Natural 5 Pending Investigation and Suicide 6 Could not be determined 29e. CETTIFIER (Check only 1 CERTIFYING PHY ONE) 2 MEDICAL EXAMINERS 29b. SIGNATURE AND TITLE OF CERTIF	a. COY UI O DUE TO (OR AS A DUE TO (OR AS A C. STUD DUE TO (OR AS A DUE TO (OR AS A d. STUD 1 Inpatient 2 ER/Outp 28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Spec	CONSEQUENCE OF CONSEQ	1300 not antar the mo Color of antar the mo Color of antar the mo Color of antar the mo 26. PL OTHER: 4. Nursing Nom 26. PL OTHER: 4. Nursing Nom 1	D. N. Str. da of dying, such AV Ve g cause given in in ACE OF DEATN (Che s = Residence URY AT RKS 2 NO and plece, end due eath occured at the to	Part I. 2 Part I. 2 Cock only one) 6 Other (S) 26d. DESCR 261. LOCATI City or	As. WAS AN AU PERFORME YES 2/3 Specify) NIBE NOW INJUI	TOPSY DO OCCURI	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

KEVIN G. NEA

31. DATE FILEO (Month, Day, Year)

OCT 1 1 1991

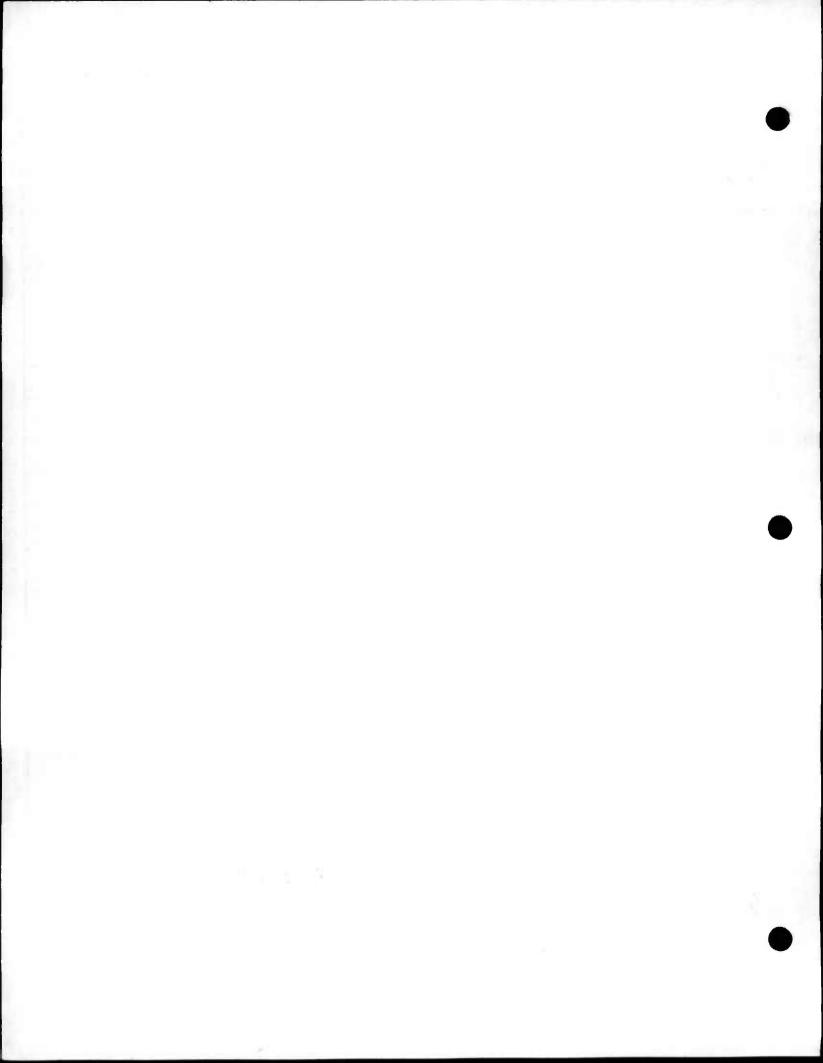
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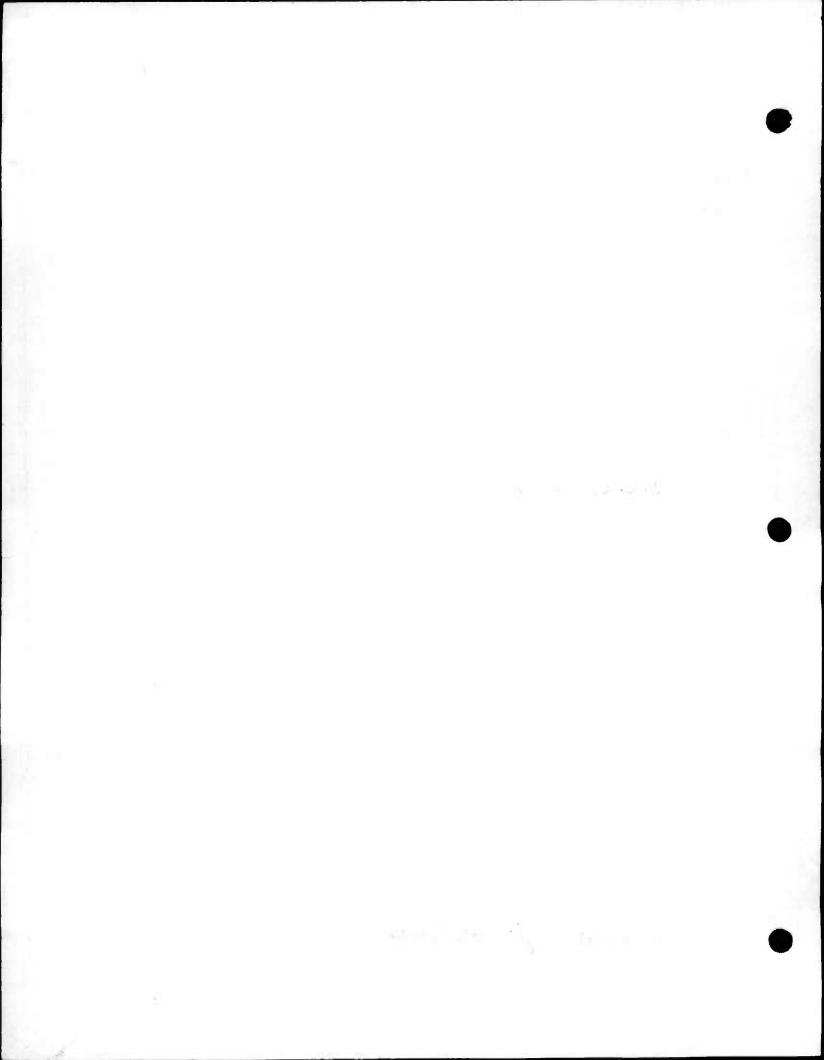
22 REGISTRAR'S SIGNATURE DENGLESS

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMEN'	T OF H	EALTH DE A	AND I	MENT		GIENE G. NO.	9	1 2	29197
	1. DECEDENT'S NAME (First, Middle, Last, ANNE M.	REAP							MON	TE OF DE	_		YEAR	3. TIME OF DEATH 2:01 PM
	4. SOCIAL SECURITY NUMBER 063-12-0599 9a. FACILITY NAME (If not inativities often	1 🗆 M 2 😾 F	41 / 7		MONTHS			7. DATE OF BIFTIN (Month, Day, Year) SEPT.19,1917		17	PENN	SYLVANIA		
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) BETHESDA RETIREMENT & NURSING CENTER CHEVY CHASE RESIDENCE OF DECEMENT								EATH	9c. COUNTY OF OEATH MONTGOMERY				
TO BE COMPLETED BY FUNERAL DIRE	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY SILVER SPRING 10s. STREET AND NUMBER										10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	1316 FENWICK LAN	101. ZIP CODE 20910 13. WAS DECENDENT OF HISPANIC ORIG				VIC ORIG	USA			SA	HAT COUNTRY?			
	1 Never Married 2 Married Nover Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, specify Cuban, Maxican, Puarto 1 YES 2 NO Specify:				to Rican, atc.) Black Speci WH			Specify WH	— American Indian, Whita, atc. V: ITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4					during mos	n al of worldi	rg	"	56. KIND	OF BUSI	NESS/IND	DUSTRY	
	17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM J. McHALE ANNA FORTUNE													
	198. INFORMANT'S NAME (Type/Print) JOSEPH W. REAP, JR. (SON) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10010 PORTLAND PLACE SILVER SPRING, MARYLAND 2 20a, METNOD OF DISPOSITION													
	1 CBurlial 2 Cremetton 3 Ramoval from Stata 4 Donation 5 Other (Specify) CATE OF HEAVEN CEMETERY 10/11 SILVER SPRING, MARYLAND													
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, anock, or heart tellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. EMPHY SEMA OUE TO (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
	ARRYTHMIA CONGESTIVE HEART FAILURE								WERE AUTOPSY FINOINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 288. DATE OF INJURY (Month, Day, Year) 289. TIME OF INJURY AT WORK? 1 YES 2 NO													
COMPLETED	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, strast, factory, office building, etc. (Specify) 28b. CERTIFIER 1 CERTIFYING PNYSICIAN: To the heat of my knowledge death occurred of the first factory of the factory of th													
E COMP	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the Ilma, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATIBE AND TITLE OF CERTIFIER													
TO BE	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Dey, Year) 29d. DATE SIGNEO (Month, Dey, Year) 10/7/91													

5530 WISCONSIN AVE. #925 CHEVY CHASE, MARYLAND 20815



		1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEI		29198				
			llian	Raymond		,	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH				
		4. SOCIAL SECURITY NUMBER 579-16-6483-D .9a. FACILITY NAME (If not institution, give si	1 🗆 M 2 📉 F	AGE (In yrs. lest birthday) 96 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) May 13, 1	.895 Wa	HRTHPLACE (State or Foreign lountry) shington, D.C				
es £ 2, 3 sho	ECTOR	Kensington Garde	ns Nursing			ington	DEATH	9c. COUNTY (gomery				
permit. Pages	AL DIR	Maryland Mont		ilver Sp			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?						
ling physician. the burial-transit	BY FUNERAL	10000 Brunswick 11. MARITAL STATUS 1 Never Married 2 Married 3 K Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 W										
the hospital or attending detached for use as the once.	IPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT L		ON ost of working	White White						
\$ & &	BE COMPL	. 17. FATHER'S NAME (First, Middle, Last) Louis Foster			18. MOTHER'S NA	ne	Feldman						
may be retained or, page 5 should ret be notified	10	John Raymond 208, METHOD OF DISPOSITION	Glendale	ness (Street and Number or Rural Route Number, City or Town, State, Zip Code) ndale Road, Chevy Chase, Maryland 20815									
death. Page 6 may b funeral director, page examiner must be		20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State Cemetery, cremetory or other place) Cedar Hill Cemetery 10/12/91 Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 Parts of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501											
ted within 24 hours after completely filled in by the ial, cremation, or removal.		shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):											
certificate be execuding physician and tygiene prior to bur to other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CORDINARY ARTERY and GENERALLY OF CORDINARY ARTERY AND CONSEQUENCE OF):											
e death he atte Mental	EDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?											
law requires has been sign Dept. of Hea	AN: M	25. WAS CASE REFERRED TO MEDICAL		2 🔯 NO	OF DEATH? 1 YES 2 NO								
certificate the State	HYSICI	EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/		OTHER: 4 [X Nursing Hom		8 Other (Specify)	IN HIEV OCCUPE					
NDING R: After r: death	ED BY P	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, farm.	M 1 1	PRK? YES 2 ND	28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
AL OR AL DIRE 2 houn	COMPLET	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated.											
THE Port	¥	310 SIGNATURE AND TITLE OF CERTIFIER	M	3	A, III MY ODINION, I	29c. LICENSE NUN		29d. DATE SIGN	IED (Month, Day, Year)				
2	A	John J. Merendino	, M.D. 47	Ol Randolp	h Road,	#216, Ro	ockville,	October 10, 1991 Maryland 20852					
		31. DATE FILED (Month), Day, Year) OCT 15 '91	Jula Davi	GNATURE DAY OF RE									



1 - STATE REGISTRAR	SIMIE OF M			ICATE OF			EG. NO.			
1, DECEDENT'S NAME (First, Middle, Last)				<u> </u>	2. DATE OF D			3. 1	TIME OF DEATH
Dennis	Frank	R	ev	e11		10	07	199		:00 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bin	thday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF B		6.1	BIRTHPLA	CE (State or Foreig
263-96-8230	1 🖳 M 2 🗆 F	41	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day			Country)	
9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN C	R LOCATION OF I	Arpil		c. COUNTY		
Calvert Memor	inl Hoom	i + - 1		D	D 1					
Calvert Memor	rai nosp	ıtaı		Prince	rred	erick		Calv	ert	
10s. STATE 10b. COUN	arion	10	Oc. CIT	Y, TOWN OR LOCAT	ION				10d	INSIDE CITY
Florida "	arion		00	cala					1.5	LIMITS?
10e. STREET AND NUMBER					ZIP CODE		10	Og. CITIZEN		COUNTRY?
3920 South	west 30t	h Stree	t		32674				_	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED			ENDENT OF HISP	ANIC ORIGIN? (So	ecity Yes or		SA BACE - A	American Indian,
1 Never Merried 2 Merried	FORCES? 1 [IF YES, GIVE WA	YES 2 NO		Il yes, spe	2 NO Spec	en, Puerto Rican	atc.)		Black, Wh	ills, atc.
3 Widowed 4 Divorced				1 123	2 DE NO Spec	ny.			Specify:	white
15. DECEDENT'S ED (Specify only highest grad	UCATION fo completed	16a. DECED	ENT'S	USUAL OCCUPATIO	N .	16b. KINI	OF BUSINE	ESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT us	vork done during mo- e retired.)						
12			2 ~ 1-	self e	mploye	d T	ruck	Dri	ver	
17. FATHER'S NAME (First, Middle, Last)				GF1V0	18. MOTHER'S N	AME (First, Middle	, Maiden Sun	nsme)		
Clifton H	ardy Rev	211				ie Lee				
19s. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS (Street e					de)	
Alexandra Hame:	l-Revell	P.().	BOx 21	63 Lus	by Mar	ylan <i>c</i>	3 200	657	
20s. METHOD OF DISPOSITION				OF DISPOSITION (Na			-			
1 Burisi 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	moval Irom Stats	cemetery, cramato	ory or of	her place)		DATE	20c. LOCAT	ION — City	or lown,	stats
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Mstror	001	tian F	D ADDRESS OF F	Servi	čė Al	lexar	ndri	a Viro
					ADDRESS OF F	Rai	usch	Fune	eral	Home
DAG	no d			4405	Broome					epubli
Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEQUEN	NCE OF	ŋ:						
reaulting in deeth) LAST	d,									
PART II. Other significent condition	ns contributing to d	eath but npt reeu	iting i	n the underlying	ceuse given Ir	+71	WAS AN AUT PERFORMED YES 2 [07	COM OF E	E AUTOPSY FINDII LABLE PRIOR TO IPLETION OF CAUS DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 n	AOO	OTHER:			a(h.)			
27, MANNER OF DEATH	28s. DATE OF II	IJURY 28	b, TIME	OF 28c. INJU	JRY AT	28d. DESCRIB	-	RY OCCUPE	ED.	
1 Natural 5 Pending	(Month, Day	Year)	INJU	JRY WOI				5000116		
2 Accident Investigation 3 Suicide 6 Could get be	28e. PLACE OF	INJURY — At home,	Jarm =			201 LOCATION	(Stmat 1	Mumber	tural C	Marchan
4 Homicide 6 Could not be determined	building, st	e. (Specify)		rectory, office		281. LOCATION City or Tow	n, State)	vumber or R	urai rioute	wumber,
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN	SICIAN: To the best of m	y knowledge, death o	occurre	d at the time, data n, in my opinion, de	and place, and du	o lo lhe cause(s) o time, dats end p	and manner place, end du	se stated.	use(s) end	manner es atate
296. SIGNATURE AND TITLE OF CERTIFIE	·		-		29c. LICENSE NU	MBER	29	d. DATE SIG	SNED (Mon	th, Day, Year)
Monaly & Wi	ight MD				O.C.M	E		10	08	1991
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Туре,	Print)						
DONALD G. WRIGH	T MD DON	SEIGNATURANDA	D.	ann C+-	oot D	01+	m o 34	a 1		21201
3t. DATE FILED (Month, Day, Year)	3 DEGISTMAR	SEIGNATURANCE	22	THE SET	eer, B	allimo	re M	arvi	and	21201
DCT 1 0 1991	gula Dav	acor-1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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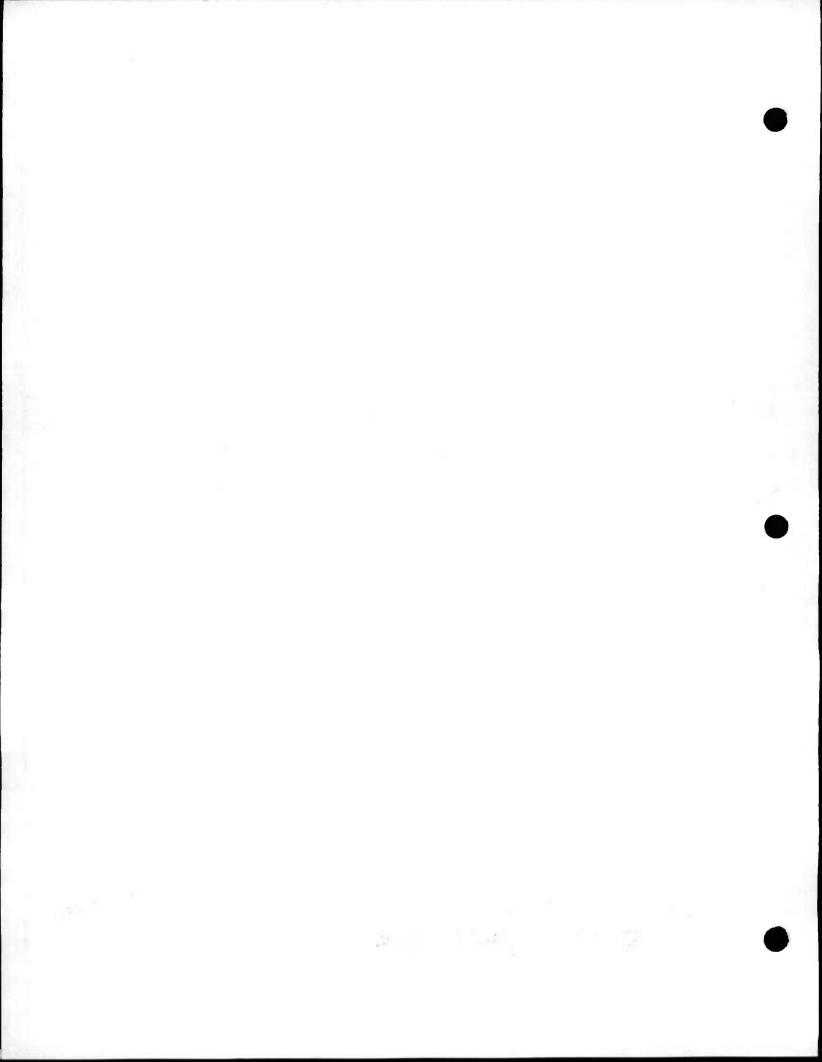
A CONTRACTOR OF THE STATE OF TH

BALTIMORE, MARYLAND 21215-0020	I hours after death, Page 6 may be retained by the hospital or attending physician. Hed in by the funeral director cane 5 should be detached for use as the fundationed narms.	1, of removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burnal transit narmy above.	, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	,	STATE OF MARY			HEALTH AND		GIENE G. NO.	
1. DECEDENT'S NAME (First,	Middle, Lest)					2. DATE OF DE	ATH	3. TIME OF OEATH
Jeanne Ma						OCTOBE	R 07,199	91 01:56 A N
4. SOCIAL SECURITY NUMB			E (In yrs. last birthday)	MONTHS DAYS		7. DATE OF BIR (Month, Day, 1	TH Hear)	8. BIRTHPLACE (State or Foreign Country)
577-32-8860 9a. FACILITY NAME (# not in:		X	4 YRS.			1/4/2		Washington D
DOCTORS COM	MUNITY			LANHAM	OR LOCATION OF D	EATH		E GEORGE ¹¹ S
10a. STATE	10b. COUNTY		10c. CIT	Y, TOWN OR LOC	CATION			10d. INSIDE CITY
MD	Prin	ce Georg	e's N	ew Carr	olton			LIMITS?
10e. STREET AND NUMBER					101. ZIP COOE		10g. CITI	IZEN OF WHAT COUNTRY?
6013 85th					20784			USA
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor	Merried	WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENOENT OF HISPA specify Cuben, Mexico ES 2 NO Specif	en, Puerto Ricen, e	olfy Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECI (Specify only	EDENT'S EDUCATION Highest grade com	ON apleted)	18e. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND (OF BUSINESS/IND	
Elementary/Secondary (0-	-12) C	ollege (1-4 or 5+)		work done during se retired.)	root or working			
1-12	della facella		Homema	ker	_		memaker	
17. FATHER'S NAME (First, Mile Frances J		C				AME (First, Middle, I	,	
190. INFORMANT'S NAME (IV		, 51.	195 MAIL INC	AOORESS /Street	Christ t and Number or Rural	ina Kat		2.41
Jeanne Mar		r						land 20784
20e. METHOD OF DISPOSITION 1 Description B Other (n 3 🗆 Removal	from State 2	ob. PLACE AND DATE: OTHER PROPERTY, COMMERCE OF COMMER	of disposition of the place Cres		0/9/91 2		City or Town, Stata
21. SIGNATURE OF FUNERAL	SERVICE LINENS	EE /	2		AND ADORESS OF FA			
· Clery	660	Uson		Hin Tin	SO New Ha	i Funera	Ave.	S.S., MD 20904
23. PART I. Enter the dis shock, or he	seases, or com	plicetione that caus only one cause on	ed the deeth. Do a	not enter the n	node of dying, suc	h as cardlec or	respiratory arr	rest, Approximate
iMMEDIATE CAUSE (Findisease or condition resulting in death)	al	ACUTI	E CA	RDIA	c An	REST		Interval Between Onset and Death
	_	RIZC-1	A CONSEQUENCE O	AT	5010/	ATER	A. M	
Sequentielly liet condition if eny, leading to immed		OUE TO (OR AS	A CONSEQUENCE O	7 / CV / / F):	030800	0 1		
cause. Enter UNDERLYIF CAUSE (Disease or Injur	NG & c	OUE TO (OR AS	ENT 1	MLAT	ENAZ	NUM	MONA	14
that initiated events resulting in death) LAST		OUE TO (OR AS	A CONSEQUENCE OF	F):	1.	=MBW	15/21	
reading in death, CAS.	d	0024/2	STIVE	11/21	Any 1-	AILU	RE	
PART II. Other significan	t conditions co	ontributing to death	but not resulting	In the underly	ng ceuse given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	- (201)	rrent		75. /. 1	219 V/\ M	10 V	ES 2 THO	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	H	OSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)		
1 YES 2 SONO	10	inpatient 2 ER/Ou		4 - Nursing Ho	me 5 🗆 Residence			
1 Natural 5 🗆 F	Pending nvestigation	(Month, Day, Year)		URY	JURY AT ORK? YES 2 NO	26d. DESCRIBE I	HOW INJURY OCC	CUREO
	ould not be etermined	26e. PLACE OF INJUI building, etc. (Sp	RY — Al home, ferm, a secify)	street, factory, of	Ice	281. LOCATION (S City or Town,	Street and Number Stete)	or Rurel Route Number,
29e. CERTIFIER (Check only one)	FYING PHYSICIAN	: To the best of my kno	wiedge, death occurre	ed at the time, da	le end place, and dua	to the cause(s) en	nd manner as state	ed.
2 MEDIC		n the basis of examinat	ion end/or investigation	n, in my opinion,	death occured at the	time, date and pla	ice, end due to the	na cause(s) end menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	Snão	Chr		29c. LICENSE NUM	757	29d. DATE	E SIGNEO (Month, Day, Year)
HOOK 5.	RA()	MPLETED CAUSE OF C	EATH (ITEM 27) (Type,	Print) H: 11 R4	1 #301	1200	H.11, M	1) 20745
31. DATE FILED (Month, Day, M	°Q 1	32. REGISTRAR'S SIG	NATURE (dage Adapte			Oxon		. 00.10
001 10	JI	June VIII	Inter-Hanter	No.				



BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	FOR Items: 23 pa 1 - STATE G-681 11/8/9 REGISTRAR reb	rt I II 2 1 State of M	27,28a,b, ARÝLAND/D CER	C, d, e, Epartmen Rtificat	f IT OF H	IEALTH AND DEATH		GIENE G. NO.	9	29201
	1. DECEDENT'S NAME (First, Middle, Last) SARAN SARA	G.			REED		2. DATE OF DE MONTH		9 1°	3. TIME OF DEATH 12:26 P
	4. SOCIAL SECURITY NUMBER 222 20 4574	1 🗆 MXX F	8. AGE (In yrs. lest bir 75	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, Feb. 9	Ybar)	Country	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give st BETTERTON B RESIDENCE OF DECEDENT			96. CIT		TERTON	EATH	9c. COU	KE	
DIRECTOR	Delaware New C	Castle	1	oc. city, town Newark		TION				104. INSIDE CITY LIMITS?
VERAL	[Baltimor			101	. ZIP CODE		10g. CIT		NAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS Married 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	EVER IN U.S. ARMET YES 2 NO R OR DATES NO		if yes, sp	ENDENT OF HISPA ocity Cuban, Mexico 2 NO Specia	an, Puarto Rican, a	ntc.)	14. RACE Black, Specify	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)		(Give h	PENT'S USUAL Rind of work done NOT use retired.	during mo	on st of working r and A	16b. KINO	OF BUSINESS/INC		
	17. FATHER'S NAME (First, Middle, Last)	Thomas				18, MOTHER'S NA	AME (First, Middle,			
TO BE	190. INFORMANT'S NAME (Type/Print) Clarence S. Ree	d, Jr.	19b. M 64	AILING ADDRES	ss (Street a Balt:	imore Pi	Route Number, City		Code)	e
	20a. METHOO OF DISPOSITION Reg 1 Burial 2 Cremation 3 Hemo 4 Donation 5 Other (Specify)		20b. PLACE AND cametery, cremeto Capito	oate of dispo	ator	y (Sept	. 7, 19	91 DOV		n, Stata elaware
	PI. SIGNATURE OF FUNERAL SERVICE LICE	lis (1	Jell			o address of fa llis Wel		P.O. E		264 d. 21620
	23. PART I that the diseases, or connect, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Drowni	on aacii iina.		r the mo	da of dying, suc	h ss cardiac or	reapiratory arr	eat,	Approximata Interval Between Onsat and Daath
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQUE	NCE OF):	·					
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST		R AS A CONSEQUE	NCE OF):						
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions Parkinson®s D:	contributing to de	sath but not reau	iting in the u	ndariying	; cause given in	N	MS AN AUTOPSY ERFORMED? YES 2 NO		YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN		HOSPITAL:	R/Outpatient 3 (OTHE	D.	ACE OF DEATH (Ch		. DIIRT 1	C B	EVCH
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day, 9-5-91	JURY 28	b. TIME OF INJURY 12:25 M	28c. INJU WOI 1 Y	JRY AT RK?	28d. DESCRIBE	HOW INJURY OCCUPATION	URED	EAGII
ETED 8	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF I building, atd	NJURY — At home, c. (Specify) Wate		tory, office		28f. LOCATION (City or Town,	Street and Number State) Idel		Drive

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME 109 06 WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

STREET

PENN

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year)
OCT 2 81991

191

BALTIMORE, MARYLAND

TO BE COMPLETED BY FUNERAL DIRECTOR

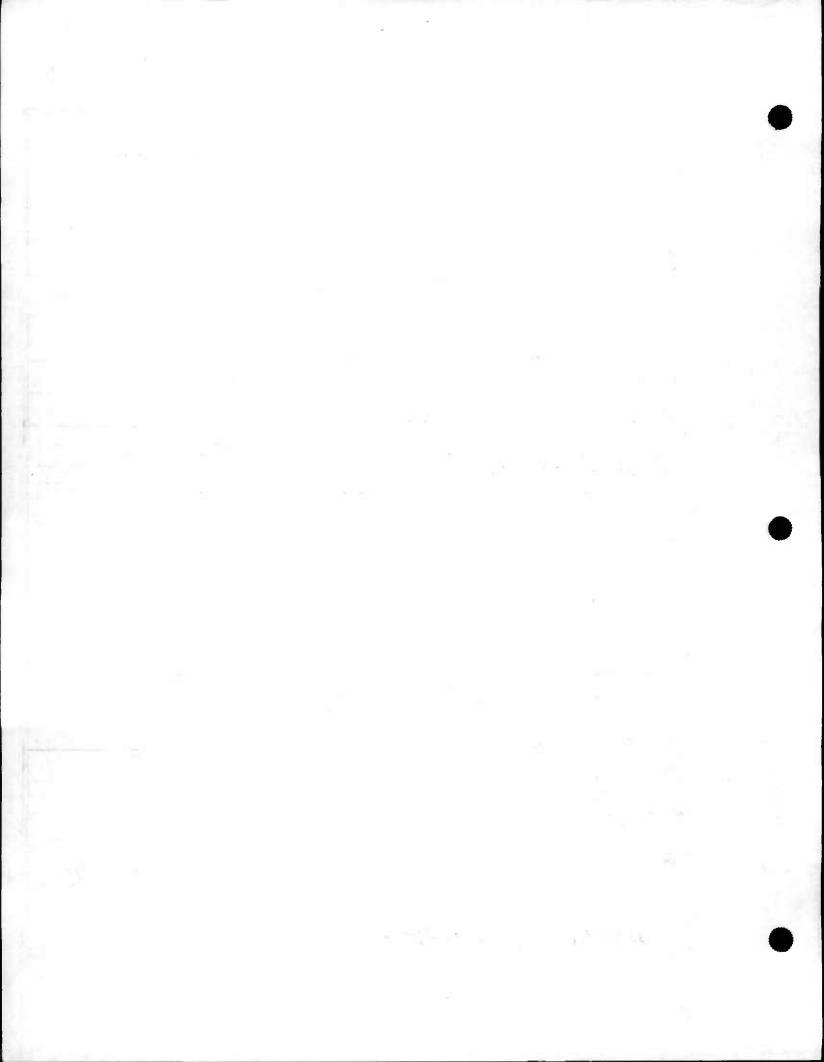
1 - STATE REGISTRAR			ARYLAND C	ERTIF	ICATI	E OF	DEAT			REG. NO).		
1. DECEDENT'S NAME (First									2. OATE OF	OEATH D	MY	YEAR	TIME OF DEATH
Elsie	Loui		Ri AGE (In yrs. Is	charc	S IF UNDER	1 VEAR	IF UNDER	24 MBS	7. DATE OF	BISTH		~ 7	04:00 A: M
218-30-3202		1 M 2 X F		O YRS.	MONTHS	DAYS	HOURS	MIN.		Dev. Year)		Country)	
9a. FACILITY NAME (If not in	nstitution, give stre	et and number)			9b. CITY	r, TOWN C	R LOCATION	ON OF D		230	9c. COUNT		
Physicians		al Hospit	al		I	aP1a	ita					harl	es
RESIDENCE OF DEC	10b, COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
MARYLAND	CHAR	LES		WH	ITE	PLAI	NS					1	LIMITS? ☐ YES 2 X NO
100. STREET AND NUMBER						101	. ZIP COO						AT COUNTRY?
P.O. BOX 1:		12. WAS DECEDENT	EVED IN II S. A.	PMEO	10	WAS DEC		0695	NIC ORIGIN?	(Saudhi Ve		JSA A BACE	- American Indian,
1 🕅 Never Married 2 🗌	Married	FORCES? 1 [YES 2			If yes, sp		n, Mexico	en, Puerto Ric		a or No	Black, \ Specify:	Vhita, etc.
3 Widowed 4 Dive							- 6		"		1	орчолу.	WHITE
(Specify on	DEDENT'S EDUCA by highest grade of	ompleted)	(0	ECEDENT'S Give kind of a. Do NOT u	work done	durina mo	ON at of workli	ng	16b. F	IND OF BU	JSINESS/INDU	STRY	
12TH GRADI		C.SCHOOL		CRET			AL			LAW F	FIRM		
17. FATHER'S NAME (First, A								HER'S NA	AME (First, Mi				
	RREN RI	CHARDS							BERRY				
ALICE R. OLI	,,										wn, State, Zip (
METHOD OF DISPOSIT	TION		_	E AND DAT				PLA	DATE		OCATION - C		n, State
1 Burial 2 Crematic		ral from State	ST.	ETER	S C	HURC	H CE	METE	RY 10	-15.	WALDO	RF. I	MARYLAND
MICHAEL	K. BLA	NKENSHIP,	, M0085	57	22.	NAME A	NO ADDRE	SS OF FA	TH	E HUI	NTT FUI	NERAI	HOME, INC 20604-0156
23. PART I. Enter the cahock, or h IMMEDIATE CAUSE (FI disease or condition resulting in death)	neert fellure. L	omplications that distributions only one ceus			tau	r the mo	de of dy	ring, aud	ch aa cerdi	ec or reap	olratory arre	nt,	Approximata Interval Between Onset and Death
		DUE TO (C	R AS A CONS	EOUENCE O	OF):	Λ		0	Ana bel				
Sequentially list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inj	odlata /ING	DUE TO (C	DR AS A CONS	EOUENCE O	ulta PFI:	Seen	^	UM	لىلەتلا	Le			
that initiated events resulting in death) LAS		DUE TO (C	OR AS A CONS	EOUENCE C)F):								
PART II. Other algnific	Inter 1	contributing to d	patly	resulting	In the u	PE		ρ	tw	PERFO	N AUTOPSY PRMED? 2 XNO	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO
EXAMINER?	IO MEDICAL	HOSPITAL:	ED/Outeration	2 🗆 804	OTHE	R:			heck only one,				
27. MANNER OF DEATH		28a, DATE OF II (Month, Day	NJURY	28b. TII	1	28c. IN.	URY AT	asidence	6 Other		INJURY OCCU	JRED	
	Pending	(м	1 🗆	YES 2 [□ NO					
1 Netural 5 2 Accident	Investigation				street, for				28t. LOCA	TION (Street	t and Number of	r Rural Box	
	Investigation	28e. PLACE OF building, e	INJURY — At t tc. (Specify)	iome, tarm,		e e			City or	Town, State	•)		ute Number,
2 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only	Investigation Could not be determined	iAN: To the best of n	tc. (Specify)	Seath occur	red at the	time, data	and place		City or	o(s) and m	enner as state	d.	end manner as stated.
2 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only	Investigation Could not be determined	iAN: To the best of n	tc. (Specify)	death occur r investigati	red at the	time, data	and place death occu		e to the cause time, date a	o(s) and m	anner as state	d. ceuse(s)	

32. REGISTRAR'S SIGNATURE
GILLA DEVILON APPLE

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, W



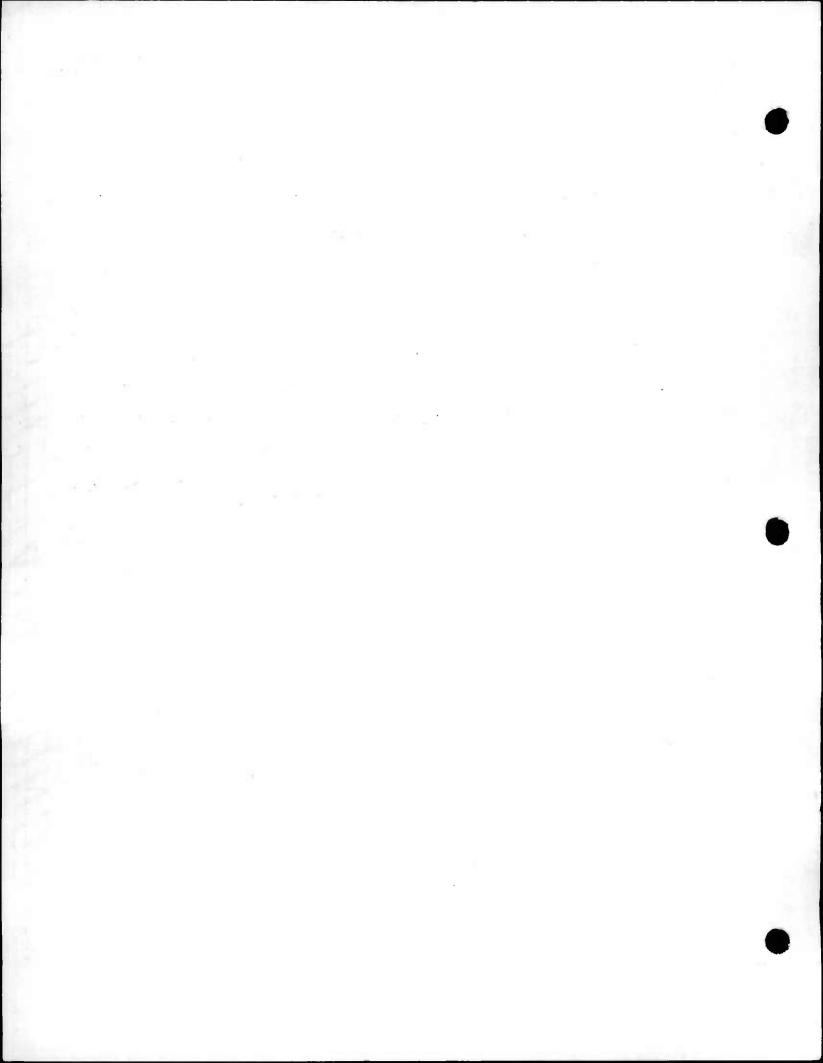
VG PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	
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Sic	99	#
PH-	this	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
9	ter	the state

31. DATE FILED (Month Don: 1641) &

	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Les	nt)	02	RTIFICAT		DEATH	2. DATE	OF DEATH 1	6	YEAR 3	TIME OF DEATH
	CLARA ELLE		RECKE					BER X			11:45 P
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest	MONTHS	DAYS	IF UNDER 24 HRS. NOURS MIN.	(Month	OF BIRTH , Day, Year)		Country)	ACE (State or Foreign
	219-14-9877	1 🗆 M 2 📈 F	89	YRS.				11,1			LAND
or	9a. FACILITY NAME (If not institution, giv	•		9b. CIT		OR LOCATION OF D	EATH		9c. COUNT		
DT.	18 ELIZABETH S				HAG	ERSTOWN			WASH	HINGT	ON
DIRECTOR	10e. STATE 10b. COU			10c. CITY, TOWN	OR LOCA	TION				1	od. INSIDE CITY
-	MARYLAND WA	ASHINGTON		HAGE	RSTO	WN				1	YES 2 NO
HAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
LEH.	18 ELIZABETH ST	TREET				21740			l	J.S.A	
FUNE	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1				CENDENT OF HISPAI			or No-		- American Indien, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				NO Specif		, , , , , ,	10.14	Specify:	
ED	15. DECEDENT'S E	DUCATION	I to DEC	EDENT'S USUAL	OCCUPATI	ON	186	KIND OF BU	CINEGO (INDI	ETDV	WHITE
ETE	(Specify only highest gra Elementary/Secondary (0-12)	ade completed)	(GM	e kind of work done Do NOT use retired.	e during me	ost of working	100	KINO OF DO	311123371100		
7	2	College (1-4 or 5+)		HOUSEKE	PPFR		P	RIVAT	E HOME	=S	
COMPL	17. FATHER'S NAME (First, Middle, Last)			HOOGERE		16. MOTHER'S NA					
ш	RAYMOND CAN	MPBELL GOI	ETZ			ANNA	MAR	GARET	WEI	LER	
8	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	SS (Street	and Number or Rural					
2	JOHN D. SCOTT		82	O CHESTI	NUT :	STREET, H	HAGER	STOWN	, MARY	LAND	21740
	20a, METHOD OF DISPOSITION 1 Description 2 Commetted 3 Re	amount from State	20b. PLACE O		Name of ce	metery, cremetory or		20c. LO	CATION — C	ity or Town	n, Stata
	4 Donation 5 Other (Specify)	amovar nom stata	WELLER	MILST	CHILI	DOU CEME	TERV1	19_91	THI IRM	ONTE E	DEDEDTO
				0 0.11.	CHU	HUH UEME	LELLI	C LO OI	. IIIOITA	JIVI, I	HEDERIUK,
	21. SIGNATURE OF FUNERAL SERVICE			22	2. NAME A	ND ADDRESS OF FA	CILITY				110
	21. SIGNATURE OF FUNERAL SERVICE Record			22	2. NAME A	ND ADDRESS OF FA	CILITY				
	> R. hace	Brady		22 A	NDRE NDRE O EAS	W K. COF	FMAN STREE	FUNER	AL HO	ME, I	INC. AND 21740
	23. PART I. Enter the diseases, part shock, or heert failure	Brady	aused the dea	22 A	NDRE NDRE O EAS	W K. COF	FMAN STREE	FUNER	AL HO	ME, I	INC. AND 21740
	23. PART I. Enter the diseases, pahock, or heert failur IMMEDIATE CAUSE (Final disease or condition	Beady or complications that cre. List only one cause	aused the dea	22 A	NDRE NDRE O EAS	W K. COF	FMAN STREE	FUNER	AL HO	ME, I	AND 21740 Approximate Intervel Baty Onset and D
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Z	23. PART I. Enter the diseases, pahock, or heert failur IMMEDIATE CAUSE (Final disease or condition	Brady or complications that cre. List only one cause s. Head to	aused the dea on eech line. rauma	ath. Do not ente	NDRE NDRE O EAS	W K. COF	FMAN STREE	FUNER	AL HO	ME, I	AND 21740 Approximate Intervel Batw Onset and D
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R	23. PART I. Enter the diseases, cahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Brady or complications that core. List only one cause a. Head to DUE TO (OI b. DUE TO (OI c. DUE TO (OI d.	aused the dea on each line. CAUMA R AS A CONSEON R AS A CONSEON R AS A CONSEON	UENCE OF): UENCE OF):	2. NAME A NDRE TO EAS OF the mo	IND ADDRESS OF FA W K. COF ST ANTIETAM ode of dying, suc	FMAN STREE th as care	FUNER T. HAGE Blac or resp 24a. WAS AN PERFORM	AL HOLESTOWN Irratory erre	ME, J. MARYI	AND 21740 Approximate Intervel Betwoen and D Sudde
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MEDICAL CE	23. PART I. Enter the diseases, a shock, or heert failur immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	Brady or complications that core. List only one cause a. Head to bue to (or b. Due to (or contributing to de contributing to d	aused the deal on each line. CAUMA RAS A CONSEOU RAS A CONSEOU PAS A CONSEOU	UENCE OF): UENCE OF): UENCE OF): DENUITING In the tell of the t	underlying 26. PER:	IND ADDRESS OF FACE W. K. COF TANTIETAM ode of dying, such and continue of dying, such	FMAN STREET AS CONTROL OF THE PART I.	FUNER T. HAGE lisc or resp 24a. WAS AN PERFOI 1 YES :	AL HOLERSTOWN	ME, J. MARYI et, 24b. 4	AND 21740 Approximate Intervel Batw Onset and D Sudde
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ETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, a shock, or heert fallur immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aigniticant conditions are successed in the conditions of the	Brady or complications that core. List only one cause s. Head to bus to constitute the constitution of t	R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3 R/Outpatient 3	UENCE OF): UENCE OF): UENCE OF): UENCE OF): DOA 4 No. 1 1 1 1 1 1 1 1 1	underlying 26. PER: ursing Hor 28c. NN 1 sectory, office	IND ADDRESS OF FACE W K. COF TANTIETAM ode of dying, such ode of dying	FMAN STREET AS CONTROL OF THE PART I.	FUNER T. HAGE Illac or reap 24a. WAS AN PERFOI 1 YES : (Specify) GCRIBE HOW ATION (Street or Town, State Eliz: see(e) end ma	AL HOLERSTOWN Iretory arre AUTOPSY RMEO? E XXO INJURY OCC In Step and Number of abeth Inner ee state	ME, MARYI et, 246. W C C C 1 URED DS or Rural Root St.,	Approximate intervel Batto Onaet and E sudde sud
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
HOward N. Weeks, M.D., 580 Northern Avenue, Hagerstown, Md. 21740

32. RECHSTRARISHON STUDE doon-Aandall



TO BE COMPLETED BY FUNERAL DIRECTOR

				(7))	1 6	19204	
1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIFI	TMENT O	F HI	EALTH AND DEATH	MENTA	HYGIEN	Enh	0	00 A	
1. DECEDENT'S NAME (First				Bee	100	No.	POST	2. DAT	E OF DEATH	P	YEAR	3. TIME OF DEATN	
LOUI			RONZO		Par	1	17/1	1	OBER 20			4:58P w	
4. SOCIAL SECURITY NUM 144-07-9011		5. SEX	6. AGE (In yrs. las		MONTHS DA	EAR	IF UNDER 24 FRS.	7. DATE	th, Day, Year)	1	Country	PLACE (State or Foreign	
		1 X M 2 🗆 F	77	YRS.	9		3 12 2 3	July 13, 1914 New Jersey				Jersey	
9e. FACILITY NAME (# not i			NT				LOCATION OF D	EATN		9c. COI	9c. COUNTY OF OEATN		
THE JUH		KINS HOSI	?TTAL		BAL	TIM	ORE CIT	Ϋ́		BAL	TIMOF	RE CITY	
10e. STATE	10b. COUNT	Y		10c. CITY	, TOWN OR L	OCATIO	ON					10d. INSIDE CITY	
Maryland	Wash	ington		F	Hagers	tov	νīn					LIMITS?	
10s. STREET AND NUMBER				-			ZIP CODE			10e. CI	IZEN OF W	HAT COUNTRY?	
150 Greenhi	.11 Dri	.ve				21	1740			USA			
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13, WAS	DECE	NDENT OF NISPA	NIC ORIGI	N7 (Specify Yes	or No-	14. RACE	— American Indian	
1 Never Merried 2 3 3 Wildowed 4 Div		IF YES, GIVE V	YES 2 KIN	ю	If yes	s, spec	cify Cuban, Mexico 2 X NO Specif	en, Puerto	Ricen, etc.)			- American Indian, White, etc. White	
ts. DEC	CEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCU	PATION	v	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	(G	ive kind of w Do NOT use	nak dana durin	g most	t of working						
12 years				hnici	ian			l r	esearc	h la	borat	orv	
17. FATNER'S NAME (First, A	fiddle, Last)			-		T	18. MOTNER'S NA						
John Ronzo							Mary		Russo	· .			
19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Str	reet end	d Number or Rural	Route Nun	nber, City or Towi	n, State, Zi	p Code)		
Mary E. Ron	ZO				eenhil				rstown			d 21740	
20e. METNOD OF OISPOSIT 1 Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE	ND DATEO	FDISPOSITIO	N (Nam		10/	7E 20c. LO	CATION -	City or Tov		
23. PART I. Enter the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	lons, diate iNG	a. Pular DUE TO	t ceused the de se on each ilne ON AD (OR AS A CONSECTION AS A	DUENCE OF)	Fune of enter the	era			Hage	erst	own,	ac Street Maryland Approximate Intervel Between Onset and Death 40m/k	
PART II. Other eignifice		a contributing to			the underi	iying	ceuse given in	Part i.	24a. WAS AN PERFORM	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpatient 3		OTHER:		5 Residence						
	Pending Investigation	26a. DATE OF (Month, Di	INJURY	28b. TIME INJU	OF 28c.	INJUR	TA YE		CRIBE NOW IN	JURY OC	CURED		
3 Suicide 8	Could not be determined	28e. PLACE Of building.	FINJURY — At horetc. (Specify)	ne, ferm, atr			- 11	28f. LOC City	ATION (Street e. or Town, State)	nd Number	or Rural Ro	ute Number,	
CERTIFIER (Check only a MEDI	CAL EXAMINES		my knowledge, dea amination and/or in	th occurred	at the time, o	n, dear	nd place, end due th accureil at the	time, date	use(s) end men and place, and	due to th	no cause(a)	and manner as stated.	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH STEM	27) (Time =	Print)	A	TY14705	256	51	> /	10/20	Monthy Day: Huar)	
T.R.	. Li	ddicon	/	To	hns	fi	bpkiss	sit	ospit	21			

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

DNMN-18 Rev 1/89

cate be executed within zerous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, be fled within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burlat, cremation, or removal.	ir traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

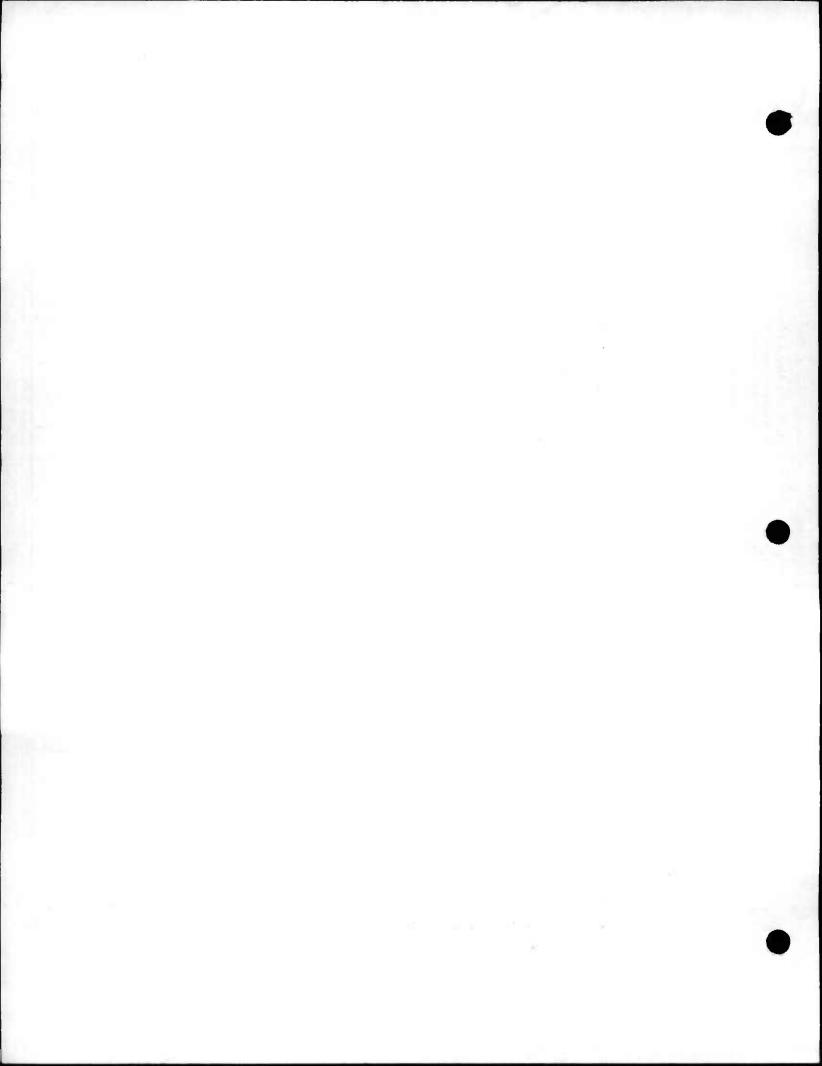
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	Y	OTTIL OF INTE	CI	ERTIFI	CATE OF	DEATH	REG. NO				
1. DECEDENT'S NAME (First	, Middle, Lest)	III OIMI	EL P.	SAUR,	IOL		2. DATE OF DEATH	AY Y	EAR :	3. TIME OF DEATH	
Mich	ae1	Sauri	0				OCT.11,199			3:03	P
I. SOCIAL SECURITY NUM	BER	5. SEX 8. A	GE (In yrs. les	st birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	Country)	LACE (State or Fore	ign
217-84-6483		1 M 2 □ F	22	YRS.	MONTHS DAYS	HOURS MIN.	JAN. 21, 19	69 1		LAND	
a. FACILITY NAME (If not in	stitution, give e	street and number)			96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEA	ATH	
GREATER LAU		LTSVILLE HO	OSPITA	AL	LAURI	EL		PRINC	E GE	ORGE'S	_
De. STATE	10b. COUNT	Y		10c. CITY	, TOWN OR LOCA	TION			1	10d. INSIDE CITY	
IARYLAND	MO	NTGOMERY			WHEAT	TON			1	1 YES 2 H	10
4012 JEFFR		EET			10	20906	5	374	N OF WH	IAT COUNTRY?	
1. MARITAL STATUS Never Merried 2 Widowed 4 Divo	Married	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 1	RMED NO	If yes, op	ENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No 14			۹,
15. OEC	EOENT'S EDU	ICATION			USUAL OCCUPATI		16b. KIND OF BU				_
(Specify on Elementary/Secondary (I	y highest grade	completed) College (1-4 or 5+)	(G	live kind of w a. Do NOT us	vork done during me e retired.)	ost of working					
N/A	, ,	College (F4 or 5+)		N/A							
. FATHER'S NAME (First, M	liddle, Last)	_				18. MOTHER'S NA	AME (First, Middle, Maider	Sumame)			
PIERRE P.		OT.					NE TEASDAL				
a. INFORMANT'S NAME (10	b. MAILING	ADDRESS (Street		Route Number, City or To		orie)		
PIERRE P.		L (FATHER					WHEATON, M.			1006	
						metery, cremetory or		OCATION — CH			
0e. METHOD OF PISPOSIT Burlel 2 Crematic Donation 5 Other		noval from State	other p	face)		- W				NEW TOTAL	
I, SIGNATURE OF FUNERA		CENSUE	MET	ROPOI		REMATORY	IALE:	XANDRI	A. V	IRGINIA	
. //	-	Inn-	-//	/	FRANCI	S J. COI	LINS FUNE	RAL HO	ME,	INC.	
1. Den	Not.	111111Ext	1	-	500 UN	NIVERSITY	BLVD.,W.	SIL.S	PR.,	MD.2090	1
disesse or condition	diate	b. POSO DUE TO (OR DUE TO (OR	AS A CONSE	OUENCE OF	ephalo	rest !	lung				
CAUSE (Disease or injuited initiated events esuiting in death) LAS	ury 1	d.	AS A CONSE	OUENCE OF	ŋ:		0				
PART II. Other signification of Neuron	2	Palsy		resulting I		g cause given in		RMED?	1	WERE AUTOPSY FIN AMAILABLE PRIOR I COMPLETION OF CO OF DEATH?	TO AUSE
5. WAS CASE REFERRED	TO MEDICAL				26. P	LACE OF DEATH (C	heck only one)				_
EXAMINER? 1 YES 2 NO		HOSPITAL:	Outpatient	3 🗆 004	OTHER:	ne 5 Basidaraa	& Cher (Preside)				
7. MANNER OF OEATH		280, DATE OF INJI		25b. TIM		JURY AT	6 Other (Specify) 28d, OESCRIBE HOW	INJURY OCCU	RED		
	Pending Investigation	(Month, Day, Y		INJ	URY W	ORK? YES 2 NO	Zod, OLGONIDE NOW	INSONT OCCO	псь		
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At h (Specify)	ome, farm, s	street, factory, offi	ce	28f. LOCATION (Street City or Town, State	and Number or	Rural Ro	oute Number,	
anal and		SICIAN: To the best of my ER: On the basis of exami								and manner as st	ated
9b. SIGNATURE AND TITL					744						
202	- or certilest	- AA O-				29c. LICENSE NU		ZVd. DATE		(Month, Day, Ybar)	
	0 hg	1 000				D 23	101		0-1	1-91	
R.G.BHO		J. M.D. 70	4 G	ORMI	AN AV	E # T-	1. LAUR	EL ,	mD	2070	7
1. DATE FILED (Month, Day)	'91	32 HEGISTHANS									



Item: 28d, per MEO 11/19.41/19/91

FOR STATE G-681 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH DAVID ALLEN SIPPLE 10 1991 1:05A 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
June 21,1961 215-82-1862 1 X M 2 F 30 Wash. D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bethesda Pages 1, 2, 3 SUBURBAN HOSPITAL MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Montgomery Gaithersburg 1 X YES 2 | NO permit. FUNERAL 10s STREET AND NUMBER 10t ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 732 Quince Orchard Blvd. use as the burial-transit #T-2 20878 U.S.A. burs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 X Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working Roofing & Sheetmetal Worker funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Construction once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Clarence Sipple Patricia J. Crider BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia J. Sipple 732 Quince Orchard Blvd. #T-2 pe 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must "Metropolitan Crematory 4 Donation 5 Other (Specify) 10/1BAlexandria, Va. 21. SIGNATURE OF FUNERACE SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home examiner 10 E.Deer Park Dr. Gaithersburg, Md. 20877 n by the free removal. medicai 23. PART Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in by Approximata shock, or heart fellure. List, only one ceuse on each line. intarval Batween filled **IMMEDIATE CAUSE (Finei** completely filled nial, cremation, Onaat and Daath the disease or condition_ DUE TO (PR AS A CONSEQUENCE OF): reculting in death) The law requires that the death certificate be executed within event. BOX 68760, bunal, other traumatic CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) physician a prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. that initiated eventa reaulting in death) LAST 6 the aften Mental Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t Health and any AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO Shows a OF DEATH? s certificate has been si th the State Dept. of H id, or item 23 show 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: XX YES 2 NO 1 Inpetient XIXER/Outpetient 3 IDOA HOSPITAL OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26b. TIME OF with t marked, 28s. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending DIRECTOR: After the hours after death we litem 28 is mark 10 BY 11 199 9:30PM 1 TES 2 THO SUBJECT SHOT by Police 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide datarmined PARKING LOT-ROUTE28 & ROUTE24 GAITHERSBURG COMPLET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 OCME 2 12 1991 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 31. DATE FILED (Month, Day, Yes 120-1 111 PENN STREET BALTIMORE, MARYLSND 21201

37 REGISTRAR'S SIGNATURE

jwr

DHMH-16 Rev 1/89

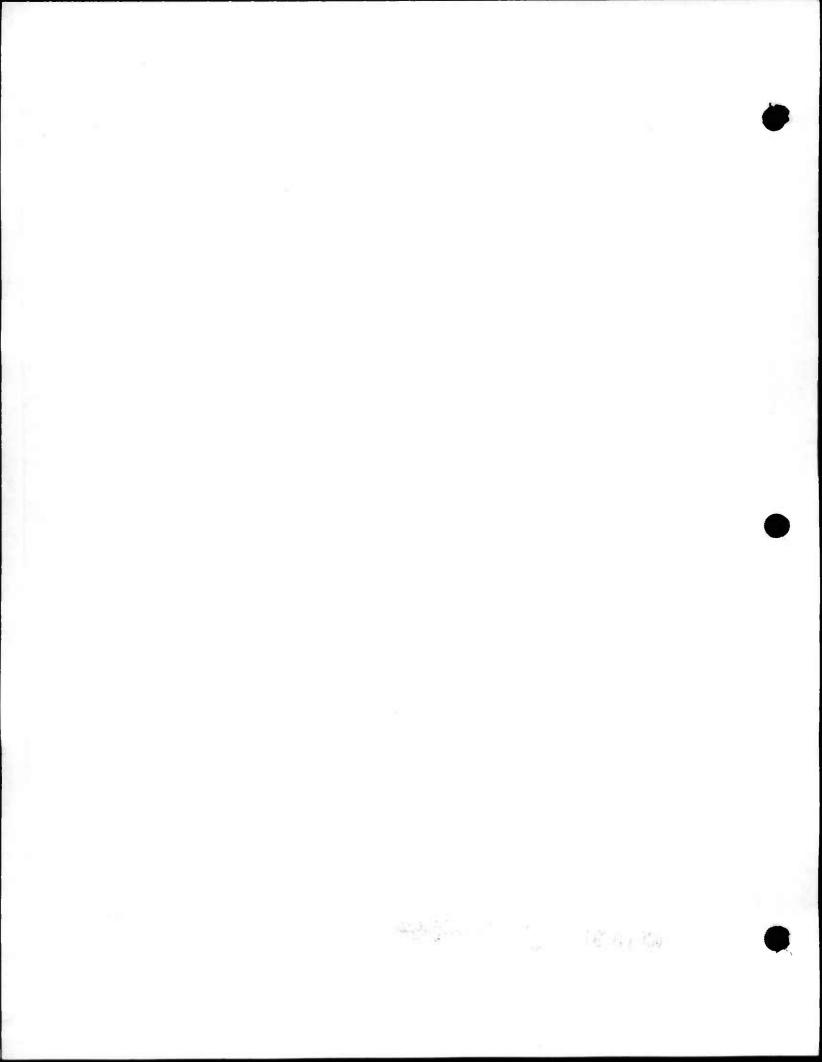
E F

A. BEGISTIARIS SIGNATURA

5

31. DATE FILED (Month, Day, Year)

91 0



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Noirs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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HUTOWSKI, MD

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH Scheiner Reberra 3:00 PH 10-8-9 7. DATE OF BIRTH (Morith, Day, Year)
4 -28 -27 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS NONE 1 M 2 D POLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY HOLY CROSS HOSPITAL SILVER SPRING RESIDENCE OF DECEDENT IDA STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Republic of Newlands, Cape Town 7700 South Africa 1 YES 2 | NO 10e STREET AND NUMBER Por ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5 BRIAR ROAD SOUTH AFRICA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2000 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerlo Rican, atc.)
 O Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2X Married 3 Widowed 4 Divorced WHITE 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KING OF BUSINESS/INDUSTRY 12 COMPANY DIRECTOR CLOTHING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHIAM **BARKUSKY** FEIGEL SPOSNIKOV 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PHILIP SCHEINER (SON) RUE DU CHEN, 75011 PARIS, FRANCE 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 R

4 Donation 5 Gener (Specify) 20c. LOCATION - CHY OR REPUBLIC OF 20b. PLACE AND DATE OF DISPOSITION (Name MAITLAND CEMETERY MAITLAND, SOUTH AFRICA er (Specify) 21. SIGNATURE OF FU RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 23. PART I. Enter the disease. or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final COMPLET MARST

OUE TO (OR AS A CONSEQUENCE OF):

SEVERE END STACE ISORE MIC COMP TO PATTAMENT OF THE PROPERTY disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):

THE MOSCEMOTIC COMBINE UNSCHAM DISER ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 U YES 2 NO OF DEATH? 1 YES 2 TAO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 1 NO nt 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 1 Natural 5 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide Collid not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner

9051 NOTOVICE Q.

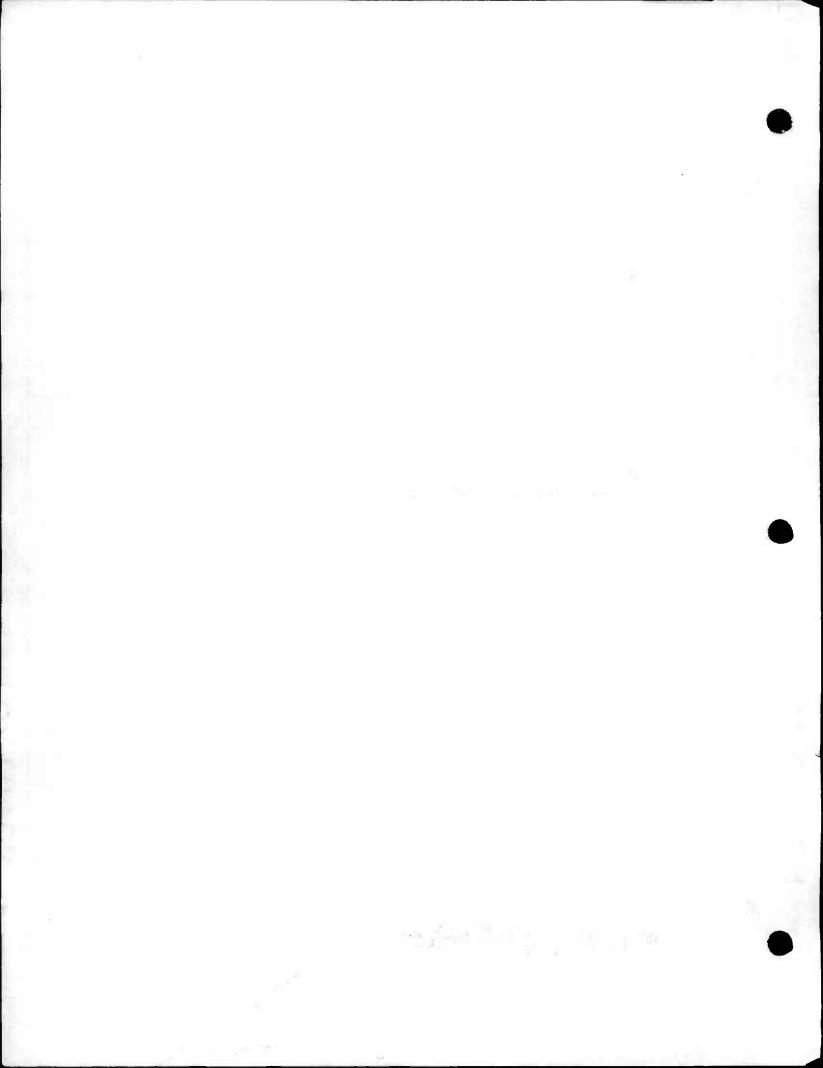
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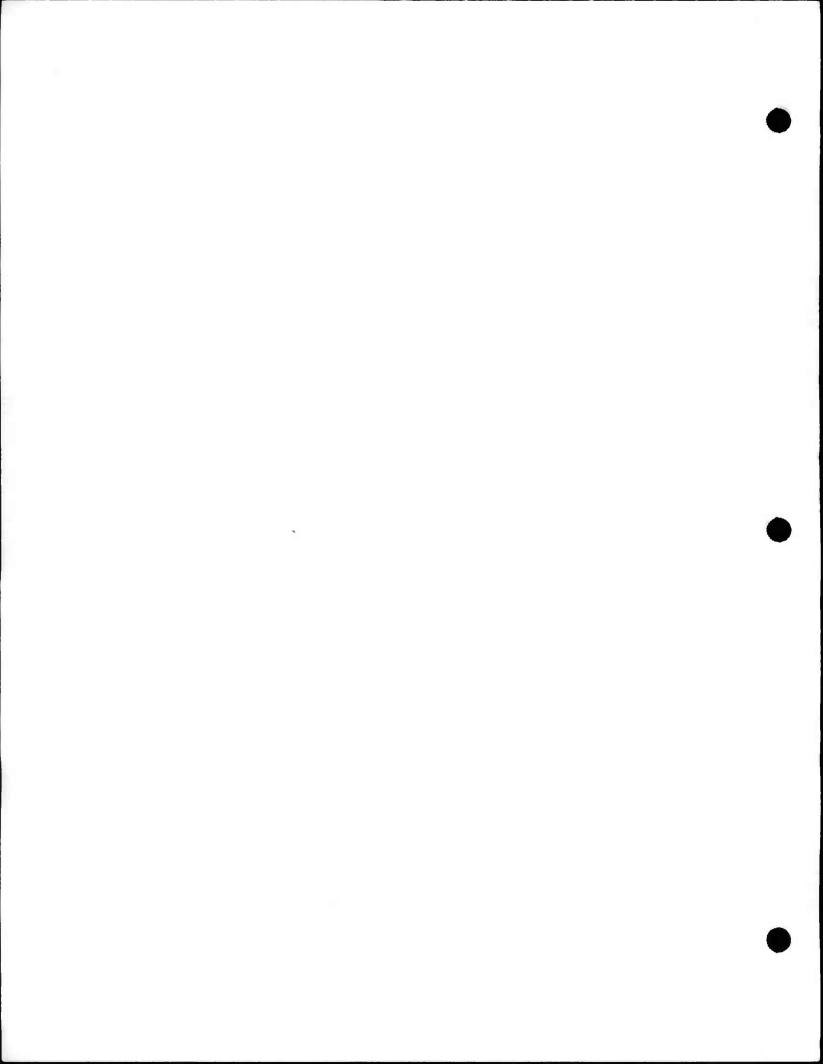
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 3 st		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
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	1 - STATE REGISTRAR	STATE OF MAP	RYLAND / DEPAR CERTIF	RICATE OF		MENTAL HYGIE		
1000	1. DECEDENT'S NAME (First, Middle, Last) OPAL VI STEP!	HENS O	pal V. Ste	ephens		2. DATE OF DEATH MONTH	DAY Q	ar S. TIME OF DEATH 5.03 PMM
)	4. SOCIAL SECURITY NUMBER 499 28 0319 98. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	NGE (In yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Yber) Sept. 20		SHITHPLACE (State or Foreign Country) MO . OF DEATH
HOL	Washington Advent	ist Hospit	a1	Takoma				ont.
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Takoma		T.PK		10d. INSIDE CITY LIMITS? 1 [X] YES 2 [NO
ERAL	10e. STREET AND NUMBER	1513 E1	son St.		ZIP CODE			OF WNAT COUNTRY? U.S.A.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 IF YES, GIVE WAR	ER IN U.S. ARMED YES 2 THO	If yes, s	CENCENT OF HISPAN lecity Cuban, Maxicar 3 2 X NO Specify		ea or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during misse retired.)			HOME	RY
BE CON	17. FATHER'S NAME (First, Middle, Last)	Jack	son Stottl		Almir		tson	
2	19a. INFORMANT'S NAME (Type/Print) Jesse Stephens		19b. MAILING	G ADDRESS (Street	and Number or Rural F	Number, City or To Corp		sti, Texas
	20a. METHOO OF DISPOSITION 1 💢 Burlai 2 🗆 Cremation 3 🗆 Ramo 4 🗀 Donation 5 🗆 Other (Specify)	oval from State	of cemetary, cremator, Park Law				ocation - chy	
	21. SIGNATURE OF BUTTERAL SERVICE LIC	ENSEE	~	22. NAME A	ND ADDRESS OF FAC	CILITY Jos Ga	wlers S	
CERTIFICATION	Sequentially list conditions	RIGH DUE TO (OR 13 LAT	TUPPE	PLEC	E ATA IRAL E	LECTA	UN	
CAL		s contributing to dea	ith but not resulting	In the underlyle	g ceuse given in	Part I. 24e. WAS / PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Impetient 2 ER 26e. DATE OF IN. (Month, Impetient)	URY 26b. TII	OTHER: 4 Nursing Ho ME OF 28c. IN JURY	LACE OF DEATH (Che		V INJURY OCCUR	20
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, etc.	JURY — Al home, farm, (Specify)		19.1	26f. LOCATION (Stree City or Town, Sta		Bural Route Number,
COMPLETED	anal	CIAN: To the best of my R: On the basis of exemi						ause(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	bi' MD		liberal.	D213	200	101	GNEO (Month, Day, Year) 9 199/
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE CO.	7 245	HANDVE	R PARI	<way.< td=""><td>IREEN</td><td>BELTMO</td></way.<>	IREEN	BELTMO
1	31. DATE FILED (MONth, Day, Year) OCT 11 *91	32 MEGISTRAD'S	SIGNATURE CONTROL OF					



DIVISION OF WIRL RECORDS, T.C. DOX 13115, BARLIMONE, MAINERING ALLOSSING
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT			IENTAL HYGIEI		29210
,	1. DECEDENT'S NAME (First, Middle, Last) Stack(ELEANOR	RITA S	TACK		2. DATE OF DEATH MONTH	- j	3. TIME OF DEATH
)	579-46-3356	6. AGE (In yrs. last	YRS. MONTHS	DAYS I	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) DEC. 23,	1899 N	BIRTHPLACE (State or Foreign Country) IEW YORK
4	9a. FACILITY NAME (If not institution, give stre HOLY CROSS HO	et and number)	100	LVER	SPRING	ATH	9c. COUNTY	OF DEATH SOMERY
DIRECTO	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	J1 11111	10c. CITY, TOWN C				TMONTG	10d. INSIDE CITY
	MARYLAND MONTG	OMERY	GERMA					LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 20011 GATESHE	AD CIRCLE			0876		10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S., ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	0	If yea, speci	IDENT OF HISPANI Ity Cuban, Maxican NO Specify:	IC ORIGIN? (Specify Y., Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 6+) (Gh	DEDENT'S USUAL OF NOT use retired.) EMAKER			16b, KIND OF B	JSINESS/INDUST	TRY
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Malde	n Surnama)	
BE	ROBERT A. DIC	KSON	MAILING ADDRES	S (Street and	ELLEN	loute Number, City or To	OWENS	ria)
5	PAUL C. STACK							ARYLAND 20876
	20a. METHOO OF OISPOSITION 1 M Burial 2 Cremation 3 Ramov	ral from State 28b. PLACE C	OF DISPOSITION (No	ame of cemel	tery, crematory or	20c. L	OCATION City	or Town, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		OF HEAV			ISI INS FUNER	LVER SP	RING, MARYLAND
	1 Busan	n stent	500	UNIV	ERSITY I	LNS FUNER. BLVD W.	AL HOME	, INC. SP., MD 20901
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the delat only one cause on each line. Myocardia DUE TO (OR ASA CONSECTION)	0 1	/	of dying, auch		piratory arrest	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT)	QUENCE OF):	lig	us			
	PART II. Other significant conditions	contributing to death but not re	asulting in the u	nderlying	ceuse given in	Part I. 24a. WAS A PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						_		OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	OTHE		CE OF DEATH (Che	ack only one)		
14SI	1 TYES 2 NO	1 Propetient 2 ER/Outpetient 3 28a. DATE OF INJURY				6 Other (Specify) 28d, OESCRIBE HOW	INTERV OCCUE	960
BY P	Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WOR	K?	and organise not		
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, fac	tory, office		28f. LOCATION (Street City or Town, Sta		Rural Route Number,
COMPLETED	anal	IAN: To the best of my knowledge, de						nuse(a) and manner as stated.
TO BE C	200. BIOLOGICA PROPERTY OF CENTRUM	2 Al	My		29c. LICENSE NUN	20	29d. DATE S	IGNED (Month, Day, Year) OCT 1991
F	30. NAME AND ADDRESS OF PERSON WHO 2309 SHOREFIEL		EBTON	UK	19			
	31. DATE FILED (Month, Dey, Year) OCT 11 1991	Julia Davidson-Ran	dell					



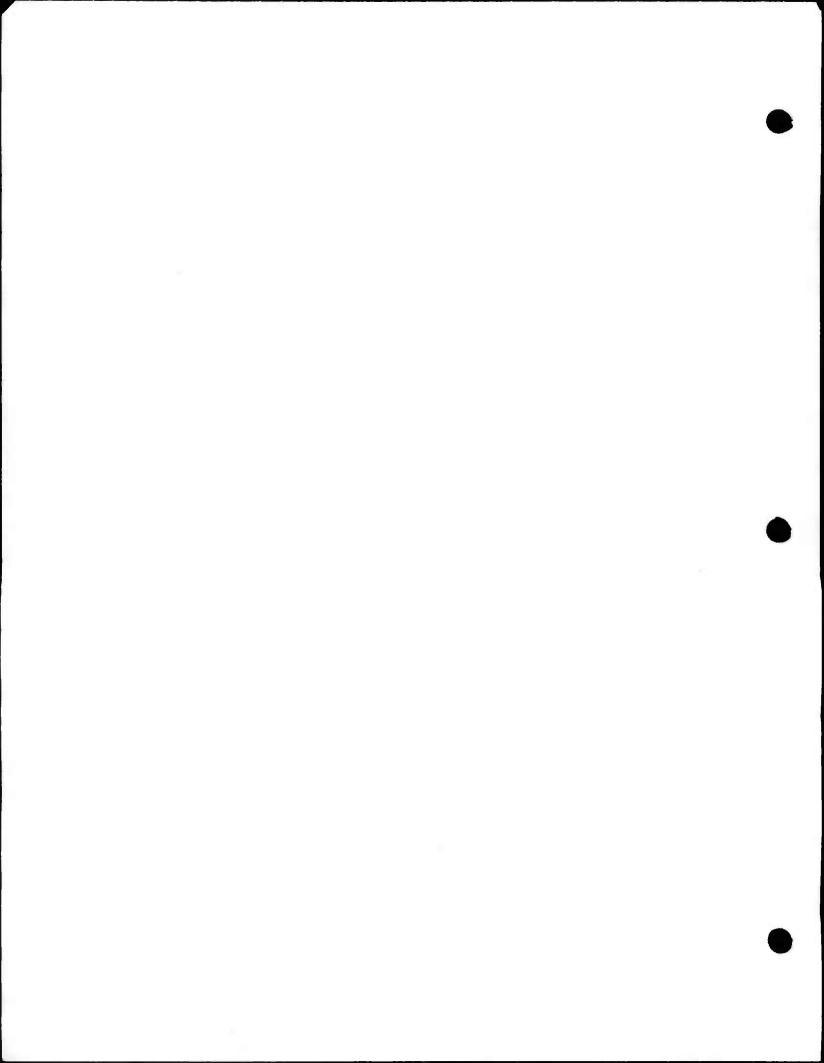
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zemours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE TUNIA DAVIDSON-Randale

	FOR STATE REGISTRAR		STATE OF M			MENT OF CATE OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME AND	ARU	MARY	WILKING	EL	TEELE		2. DATE OF DEATH	-91	3. TIME OF DEATH
\	213-38-2706	5 /	1 □ M 2 💢 F	6. AGE (In yrs. les		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 17. 1	909 II	IRTHPLACE (State or Fordign ountry) .LINOIS
Į.	99. FACILITY NAME (If not in SHADY GF		OVENTIST	HOSPITA	τ		OR LOCATION OF DE	ATH	9c. COUNTY C	
DIRECTO	RESIDENCE OF DEC	10b. COUNTY				TOWN OR LOCA			TOTAL LIST	10d, INSIDE CITY
ĸ.	MARYLAND		GOMERY							LIMITS?
	10e. STREET AND NUMBER		GOMENI		DK	OOKEVII	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2040 BRIGH	TON E	DAM ROAD				20833		US	3A
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR			CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14, 1	RACE American Indien, Bleck, White, etc.
B	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			S 2 NO Specify			Specify: WHITE
TED	15. DEC (Specify onl	EDENT'S EDUC y highest grade	completed)	16e. DE	ECEDENT'S 1	ISUAL OCCUPAT ork done during n retired.)	ION lost of working	16b. KIND OF BUS	SINESS/INDUST	RY
P.E	Elementary/Secondary (0	0-12)	College (1-4 or 5+)		ACHER	rounda.y		EDUCATION	ON	
COMPLET	17. FATHER'S NAME (First, M	liddle, Lest)	JT	110	AOIILK		16. MOTHER'S NA	ME (First, Middle, Maiden		
BEC	ALBERT		WI	LKINS			MARY (CATHERINE	CHISHO	OLM
10 8	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORESS (Street	and Number or Rural I	Route Number, City or Tow	m, State, Zip Cod	(e)
۴	BRUCE A.	STEELE	(SON)							MARYLAND 2083
	20e. METHOD OF DISPOSIT 1 Denial 2 Cremetic 4 Donation 6 Other	on 3 🗆 Remo	oval from State	other pi	lace)		emetery, cremetory or EMETERY		VER SPR	TNG MARYLAND
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE		7	FRANC	AND ADDRESS OF FA	CILITY LLINS FUNE		
	1 Sur		motered							SP., MD 2090
	23. BART I. Enter the d		complications thet List only one cau							Approximate
	IMMEDIATE CAUSE (FI	TOUTE INTEGRAL	ciot only one out	NO OIL GOOLL LINE	pr.					
		nai	AA V	0000	0.4	-		S and a second		Interval Between Onset and Death
	diseese or condition_ reculting in deeth)	nal .	8		-7 1		INTARI	CTION		
	diseese or condition	nal ·	8	OCATO	-7 1		INFARI	CTION		
ATION	diseese or condition	tions,	DUE TO		OUENCE OF):	MARC	CTION		
IFICATION	disease or condition resulting in death) Sequentially list condit if any, leading to imme	tions, ediete	DUE TO	OR AS A CONSE	OUENCE OF):	INFAR	CTION		
ERTIFICATION	disease or condition resulting in deeth) Sequentielly list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or inje	tions, idiete ing	DUE TO	OR AS A CONSE	OUENCE OF):	MEAR	CTION		
L CERTIFICATION	disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injet that initiated events	tions, addete ING ury	DUE TO	OR AS A CONSE	OUENCE OF):):	1	Part I. 24a, WAS AN		Onset and Death Onset and Death
	Sequentielly list condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initisted events resulting in death) LAS	tions, addete ING ury	DUE TO	OR AS A CONSE	OUENCE OF):):	1	Part I. 24a, WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentielly list condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initisted events resulting in death) LAS	tions, addete ING ury	DUE TO	OR AS A CONSE	OUENCE OF):):	1	Part I. 24a, WAS AN	RMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Sequentielly list condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initisted events resulting in death) LAS	tions, addete ING ury	DUE TO	OR AS A CONSE	OUENCE OF):):	1	Part I. 24a, WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentielly list condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initisted events resulting in death) LAS	tions, addete ING pury ST	DUE TO	OR AS A CONSE	OUENCE OF):): n the underlyl	ng cause given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	disease or condition resulting in deeth) Sequentielly list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injected initiated events resulting in death) LAS PART II. Other significations of the conditions tions, addete ING pury ST	DUE TO DUE TO DUE TO DUE TO HOSPITAL: 1 Impetient 2	OR AS A CONSE	OUENCE OF	26. OTHER:	ng cause given in	Part I. 24a. WAS AN PERFO 1 TYES :	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injected in the initiated events resulting in death) LAS PART II. Other significations are successful in the initiated events resulting in death) LAS 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	tions, addete ING pury ST Condition	DUE TO DUE TO DUE TO d. HOSPITAL:	OR AS A CONSE	OUENCE OF	26. OTHER:	ng cause given in	Part I. 24a. WAS AN PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injected in the initiated events resulting in death) LAS PART II. Other significations are successful in the initiated events resulting in death) LAS PART II. Other significations are successful in the initiated events resulting in death) LAS 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 DEATH 2 Accident	tions, diete ling ury strong condition	DUE TO DUE TO	OR AS A CONSE	OUENCE OF OUENCE OF resulting I	26. OTHER: 4 / Nursing He EOF 28c. I	PLACE OF DEATH (Ch	Part I. 24a. WAS AN PERFO 1 TYES :	INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in deeth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inject that initiated events resulting in death) LAS PART II. Other signification in the initiated events resulting in death) LAS PART II. Other signification in the initiated events resulting in death) LAS 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 CERTIFIER 2 Accident 3 Suicide 6 CERTIFIER (Check only 1 CERTIFIER)	ent condition To MEOICAL Pending Investigation Could not be determined	DUE TO DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE death but not ER/Outpatient INJURY F INJURY — At hate. (Specify) my knowledge, d	OUENCE OF OUENCE OF resulting I DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF 28c. I	PLACE OF DEATH (Ch. NJURY AT PORK? YES 2 NO lice	Part I. 24a. WAS AN PERFO 1 YES: ack only one) b Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State on the cause(e) and many control of the cause(e) and many control of the cause(e) and many control of the cause(e) and many cause in the cause in	INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	diseese or condition reculting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Diseese or injet the initisted events resulting in death) LAS PART II. Other significations are sufficiently as a condition of the condition	Pending Investigation Could not be determined TIFYING PHYSI	DUE TO DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE death but not ER/Outpatient INJURY F INJURY — At hate. (Specify) my knowledge, d	OUENCE OF OUENCE OF resulting I DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF 28c. I	PLACE OF DEATH (Ch	Part I. 24a. WAS AN PERFORM 1 TYES : eck only one) 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Yown, State) to the cause(e) end me time, date end pleca, e	INJURY OCCURE and Number or R inner se stated. Indiducto the ce	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in deeth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inject that initiated events resulting in death) LAS PART II. Other signification in the initiated events resulting in death) LAS PART II. Other signification in the initiated events resulting in death) LAS 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 CERTIFIER 2 Accident 3 Suicide 6 CERTIFIER (Check only 1 CERTIFIER)	Pending Investigation Could not be determined TIFYING PHYSI	DUE TO DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE death but not ER/Outpatient INJURY F INJURY — At hate. (Specify) my knowledge, d	OUENCE OF OUENCE OF resulting I DOA 28b. TIMI	26. OTHER: 4 Nursing He E OF 28c. I	PLACE OF DEATH (Ch. NJURY AT PORK? YES 2 NO lice	Part I. 24a. WAS AN PERFORM 1 TYES : eck only one) 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Yown, State) to the cause(e) end me time, date end pleca, e	INJURY OCCURE and Number or R inner se stated. Indiducto the ce	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



10e. STATE Maryland

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE notified

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6 in ury,

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23

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28 is

Item

MPORTANT: If

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Pages

permit.

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit

page 5 s

funeral

filled in by the fond, or removal. medical

in and completely filled it to burial, cremation, or

that the death certificate be executed within

attending physician prior

been signed by the attending phy

certificate has be h the State Dept. S.W

this c marked,

After

DIRECTOR: /

FUNERAL I HOSPITAL

The

OR ATTENDING PHYSICIAN:

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

pe

after death. Page 6 may

BALTIMORE, MARYLAND 21203-3146

4. SOCIAL SECURITY NUMBER

045-70-1135

10e. STREET AND NUMBER

11. MARITAL STATUS

RESIDENCE OF DECEDENT

1 Never Married 2 Married

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

Y. C. Tu

19a. INFORMANT'S NAME (Type/Print)

4 Donation 6 Other (Specify)

Bong-Kuo Sun

12

3

Widowed 4 □ Divorced

DEAN-JEAN SUN

9a_FACILITY NAME (If not institution, give street and number)

42 Redding Ridge Drive

15. DECEDENT'S EDUCATION

(Specify only highest grade comp

20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 💢 Cremetion 3 ☐ Removal from State

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Shady Grove Adventist Hospital

1 M 2 XF

Montgomery

College (1-4 or 5+)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES

16a. DECEDENT'S USUAL OCCUPATION

Inc.

22. NAME AND ADDRESS OF FACILITY

20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or

Montgomery Crematorium,

6. AGE (In yrs. last birthday)

					9		2921	2
	TMENT OF HICATE OF	IEALTH AND I		YGIENI	_		tra ar tras	£
JEINT III	ICAIL OI	DEATH	2. DATE OF	DEATH			3. TIME OF DEA	TH
			Octob	er 1		YEAR	12:53	РМ
last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	NRTH			IPLACE (State or F	oreign
YRS.	MONTHS DATE	HOUNS MIN.	July	18,	1916	100	hina	
	9b. CITY, TOWN	OR LOCATION OF OR	EATH		9c. COU	NTY OF D	EATH	
	Rock	ville			Mo	ntgo	mery	
10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CIT LIMITS?	Y
	Gaithe						A] NO
	10	f, ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
		20878			(Chin	a	
ARMED XNO	if yea, ap	CENDENT OF HISPAN healty Cuben, Maxica is 2 X NO Specify	n, Puerlo Rica		or No—		E — American Ind k, White, etc. ily: Orient	,
	USUAL OCCUPATI work done during me se retired.)		18b. Kil	ID OF BUS	SINESS/IN	DUSTRY		
Homen	naker			Own I	Home			
	1,74,92	16. MOTHER'S NA	ME (First, Midd	le, Malden	Surname)			
		s. s	Гu					
19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town	n, State, Zi	p Code)	208	378
42 Rec	ding Ri	dge Drive	e, Gai	ther	sburg	J, Ma	aryland	
		metery, crematory or					own, Stata	
	Cremat	orium, In	nc.	Beth	nesda	a. Ma	arvland	

Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 Barbara go mc mullen Lawrence 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 1) 24 ram DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, O (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CO SEQUENCE OF):

0M00381

CERTIFICATION CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY

26. PLACE OF DEATH (Check only one)

1 TYES 2 NO

24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate

Interval Batween

Onaat and Death

1819

2:53 PH

1 YES 2 NO

25.	WAS	CASE	REFERRED	TO	MEDICA
		MINEF			
	1.	VES	2 1 NO		

2 Accident

3 Suicide

4 Homicide

HOSPITAL: 27. MANNER OF DEATH

Investigation

8 Could not be

5 Pending

1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year)

4 - Nursi ng Home 5 - Residence 6 - Other (Specify) 26c. INJURY AT WORK? 26b. TIME OF INJURY М

OTHER:

26d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

26a. PLACE OF INJURY — Al home, ferm, streel, factory, office building, stc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

5 aws 30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9715 Medical Ur. Dr #23.

033584

5 Kusinowitz MA Mary V 32 AEGISTHAN'S SIGNATURANDER 31. DATE FILED (Month, Day, Year) '91 1 OCT

THE THE P

FOR STATE REGISTRAR

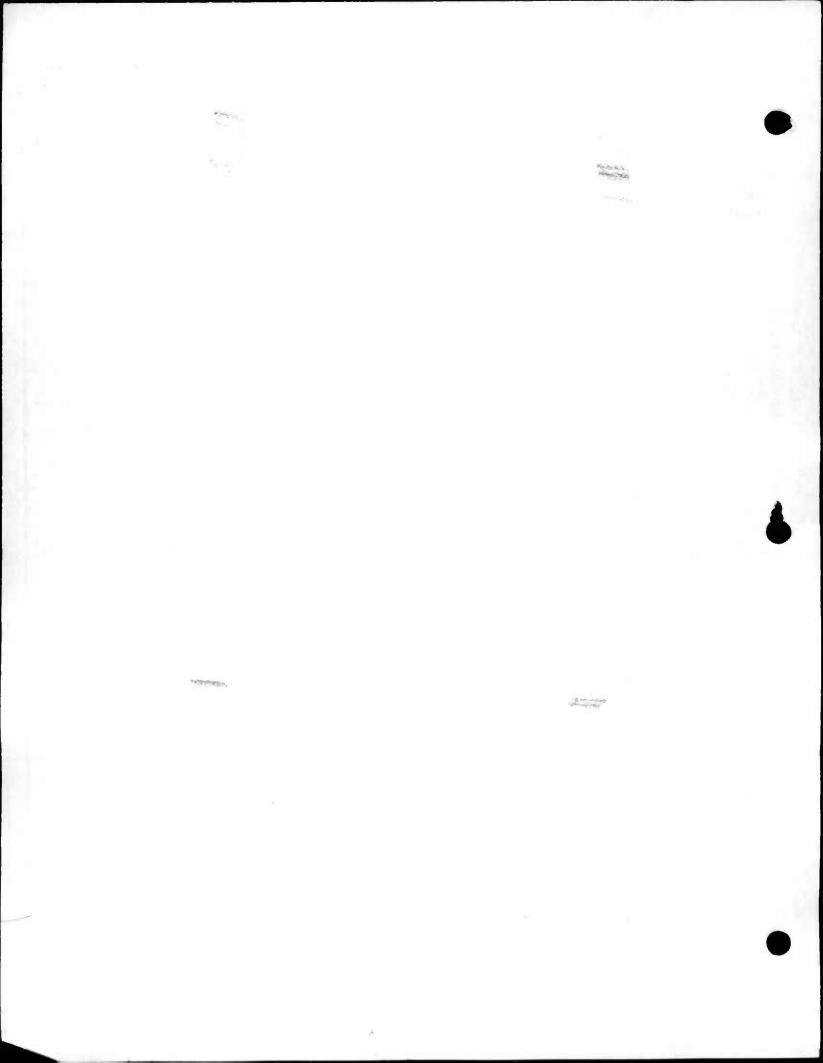
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0	
	1. DECEOENT'S NAME (First, Middle, Last) George R. Smith				2. DATE OF DEATH		3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	n				6 AM M
	577-36-1786	1 € M 2 □ F	63 YRS. MO	The state of	May 03-19	Co	etherace (State or Foreign and aryland
DIRECTOR	9a. FACILITY NAME (If not institution, give standard County RESIDENCE OF DECEDENT		96	Prince Fred		%c. COUNTY OF	
<u>n</u>	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
L DIR	Maryland Ca.	lvert		nderland			LIMITS?
FUNERAL	7058 Kent Road			101. ZIP CODE	0689	10g. CITIZEN O	F WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR 1	2 X NO		SPANIC ORIGIN? (Specify 1 axican, Puarto Rican, etc.) pecify:	BI	ACE — American Indian, sock, Whita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KINO OF B	USINESS/INDUSTRY	,
MPLE	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Accou		GS	A	
8	17. FATHER'S NAME (First, Middle, Lest)			18. MOTNER	S NAME (First, Middle, Maide	in Surname)	
BE	Richard C. Smith 19a. INFORMANT'S NAME (Type/Print)				ra J. Dare		
2	Gladys R. Kent Kea	arnev		Rent Road,			0
	20a. METNOD OF DISPOSITION	20	D. PLACE AND DATE OF D	SPOSITION (Name of	DATE 20c I	OCATION - City of	Town State
	1 Burial 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)		metery, crematory or other in Metropolit	an Crematory	-10/13/91 A	lexandri	a, VA
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS O	F FACILITY		Beach Rd.
		7-00-	u	Sewell Funer	al Home Pri	nce Fred	erick, Md
	23. PART I. Enter the diseases, or c shock, or heart feiture. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ier only one cease on e	ech line.	Lice of som		piratory arrest,	Approximate interval Between Onset and Death
NO	Sequentially list conditions,		1 . 1x3	Leisoner			
İ	if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	CONSEQUENCE OF):	C NA.			
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO (DR AS	CONSEQUENCE OF):				
	DATE II Oshoo shaddaasa IIsla						
N: MEDICAL	PART II. Other significent conditions	contributing to deeth b	out not resulting in th	e underlying couse given		ORMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
š	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 4 9	HER: Nursing Home 5 □ Rasider	ica 6 Other (Specify)		
	27. MANNER OF OEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d, DESCRIBE NOW	INJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, term, street	M 1 YES 2 ND	281. LOCATION (Street City or Town, State	and Number or Rura	I Route Number,
	On Opposition						
COMPLET	(Check only CERTIFYING PRYSIC	IAN: To the best of my know On the basis of examination	riedge, death occurred at n and/or investigation, in	the time, data and place, and my opinion, death occured at	due to the cause(s) and mo	inner as stated, and due to the cause	(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1) ()		29c. LICENSE			O (Month, Day, Year)
10 B		Jom al	. w	1) 03	077	> 10-	-12.51
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATN (ITEM 27) (Type, Print				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Produce				

3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN		63614
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Clara C. Son	rdo				October 6	. 1991	10:50 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
		1 M 2 RF	75 YRS.	ONTHS DAYS	HOURE MIN.	Nov. 22,1		Cuba
-	Se. FACILITY NAME (If not institution, give stre	et and number)		b. CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF	DEATH
DIRECTOR	Holy Cross Hospita	1		Silve	Spring		Montgo	omery
35	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
<u>=</u>	Maryland Mont	gomery		Bethesd	la			LIMITS?
FUNERAL	10. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
5	7505 Granada Drive				20817		United	States
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		CE — American Indian,
BY	1 Never Married 2 Nerried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif			ick, White, etc.
	15. DECEDENT'S EDUCA	TION	1			Cuban		White
COMPLETED	(Specify only highest grade or	ompleted)	(Give kind of wor	SUAL OCCUPATION *k done during monetired.)	N st of working	16b. KIND OF BU	SINESS/INDUSTRY	
P.	Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker			Own Hom	
OM	17. FATHER'S NAME (First, Middle, Last)		110/10	emaker	10 MOTHER IN	AME (First, Middle, Meiden		е
	Eduardo Cuesta					ad Roman	Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street o		Route Number, City or Tow	e Plate Zie Cod-1	
5	Louis Albert Sordo					ethesda, Ma		20817
	20a, METHOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION (No.	me of	DATE 200 10	CATION - Chy or	Town State
	1 N Buriet 2 Cremation 3 Remov	at from State Cem	etery, cramatory or other te of Hea	even Cer	meterv 1	0/9/91 Sil	ver Spri	ng, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE		22. NAME AN	D ADDRESS OF FA	CLUTY Robert	A. Pump	hrev Funeral
	▶ ₩ ∧ ¬	A / M	00689	Home/B	ethesda- sin Aver	-Chevy Chas	da, Inc.	hrey Funeral 1755 120814-
	23 PARY I Brus the diseases Dr. on	Wenny!		3501				
	23. PART I. Enter the diseases, or constant fellure. Li	at Dnly Dne cause on e	ch line.	enter the mod	de of dying, auc	h ss cardlec or reepi	retory srrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	1 . 0	1. 1.			,	Α.	Onset and Death
	resulting in desth) s.	Kapede	CONSEQUENCE OF):	grow	we	Accept	ula	1 week
		OGE TO TOR AS &	EUNSEQUENCE OF):					
CERTIFICATION	Sequentielly list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					
A	if sny, leading to immediate cause. Enter UNDERLYING							
Ĕ	that initisted events	DUE TO (DR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST							
Ö	PART II Other significent conditions	anniella village de de etc.						
CAL	PART II. Other algnificent conditions	contributing to deeth be	t not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	- Cleanerer	nellille	and a	rose		1 🗆 YES 2	XUNO	COMPLETION OF CAUSE DF DEATH?
Ξ	refal	u exec	Halox	Calley		_		1 TES 2 NO
PHYSICIAN: MEDI	25 WER CASE DEFENDED TO MEDICAL		,	0				
⁻	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAC:		26. PL	ACE OF DEATH (Ch	eck only one)		
¥	1 YES 2 ANO 1	280. DATE OF INJURY				8 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (Y WOF	IK?	28d. DESCRIBE HOW II	JURY OCCURED	
B	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY	- At home form stee		ES 2 NO			
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Speci	(y)	wi, lactory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
	29a, CERTIFIER							
MP	(Check only 1 X CERTIFYING PHYSICIA	N: To the best of my knowk	edge, death occurred	it the time, date a	and place, end due	to the cause(s) end men	ner as steted.	
8	2 MEDICAL EXAMINER:	On the backer examination	and/or investigation,	n my opinion, de	ath occured at the	time, date end place, end	due to the cause	(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	han.	1.15		29c. LICENSE NUN		29d. DATE SIGNE	D (Month, Day, Year)
2	MINOUL	vally,	4'1.		00 98	834	Octo	per 7, 1991
	30. NAME AND ADDRESS OF PERSON WHO							
	Barry N. Rosenbaum			Avenue	Kensingt	on, Maryl	and 2089	95
	OCT 09 91	PEREGISTRANT SIGNA	Mandell					
	001 0 7 31	0	-					

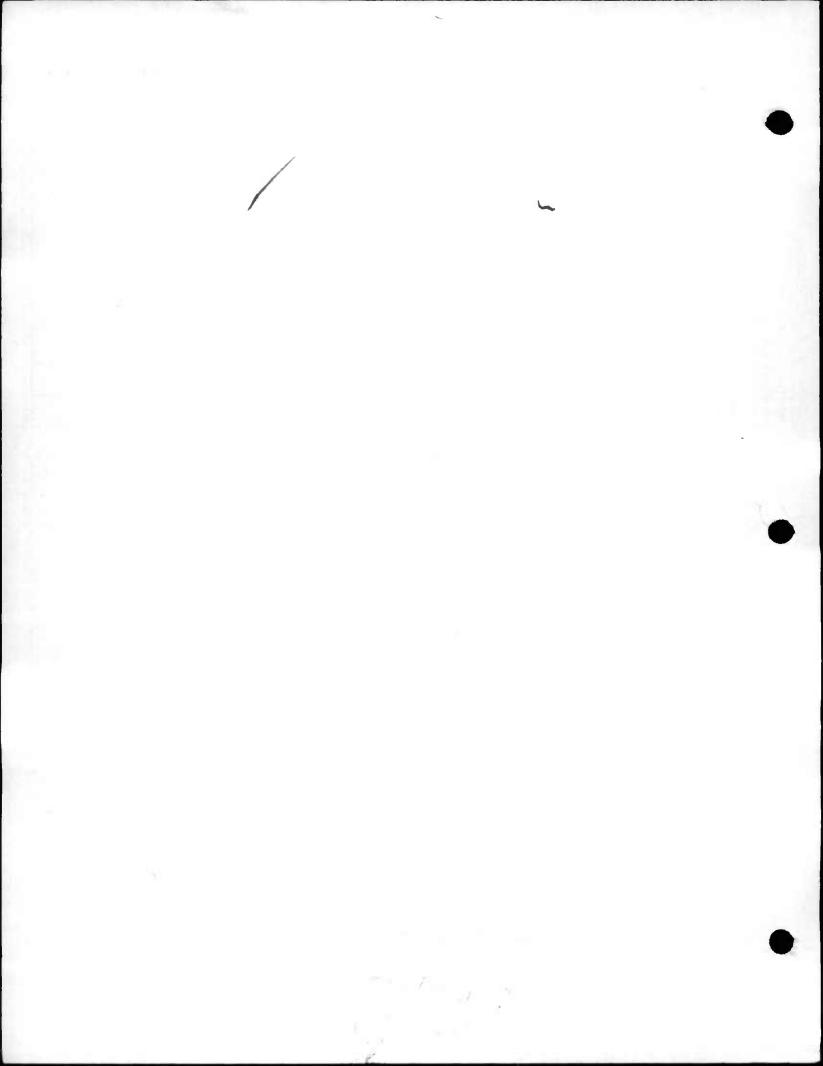


ours after death. Page 6 may be retained by	in by the funeral director, page 5 should be removal.	to halfflad at term ranimay a leafted at
TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZX nous after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be of be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	issuances. It is a new to be a marked as them 92 shows any injury as other terminals away the marked avantage much be markfled at
	10)

	1. DECEDENT'S NAME (First, Middle, Last	0	CENTIF	ICATE OF DE	AIII	2. DATE OF	DEATH	ve	3. TIME OF DEATH
-	CORINNE	She	eton			MONTH	03	9	76:40 1
9	4. SOCIAL SECURITY NUMBER 577-22-5083	5. SEX 6. AGI	E (In yrs. last birthday) YRS.	FUNDER 1 YEAR IF US MONTHS DAYS HOUSE	NDEN 24 HRS. NS MIN.	7. DATE OF (Mgrith, De	BIRTH ay, /toar)	/ 0	IRTHPLACE (State or Foreign country) ew Hampshir
		atreet and margown A-	10	9b. CITY, TOWN OR LOC	CATION OF DE				OF DEATH \
DIRECTOR	99. FACILITY NAME (If not institution, give form 1.5. Valley 235 FOTO WAD RESIDENCE OF DECEDENT	Tally Rd		1235 Polos	nAc Vo	elly f	2015		nontgoner
RE	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCATION					10d. INSIDE CITY
		tgomery		Silver Spri	ing				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP C	CODE		10	9. CITIZEN	OF WHAT COUNTRY?
	13227 Hathaway	Drive			20906		J	JSA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDED If yes, specify C				No- 14.	RACE — American Indian, Black, White, etc.
BY	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR		1 TES 2			,,		Specify: White
EDE	15. DECEDENT'S ED	NICATION	16- DECEDENTIS	HOUSE COOLINATION		1 4AL 1011	UD OF BUOME	-	
ETE	(Specify only highest grad	de completed)	(Give kind of v	USUAL OCCUPATION work done during most of w ie retired.)	rorking	160. KI	ND OF BUSINES	aa/iNDUST	n i
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	retary		Say	vings a	and L	oan
COMPL	17. FATHER'S NAME (First, Middle, Last)				OTHER'S NA		fle, Maiden Sum		
5	George H. Ballo	11				. Full			
20	19a, INFORMANT'S NAME (Type/Print)	u	19b. MAILINO	ADDRESS (Street and Nur				nto. Zin Cod	(e)
2	Max S. Jones			. Box 64, (*
	20a. METHOD OF DISPOSITION	_ 2		SITION (Name of cometery,			_		or Town, Stata
	1 X Burial 12 Cremetion 2 Re 4 Donathio 5 Donat (Specify)	moval from State	other place)				100		
	21. SIGNATURE OF FUNERAL SERVICE (ENNER / /	grore Lin	coln Cemete		CILITY	Bren	LEWOO	d. MD
	V Miller	1/1/1/1/							
				Hines/Ri	inaldi	Funer	cal Hom	ne	
=	/ Sough	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	h	Hines/Ri 11800 Ne	ew Ham	pshire	Ave.S	Silve	r Spring, M
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32 REGISTRAR'S SIGNATURE
Julia Devideon Andreas

'91

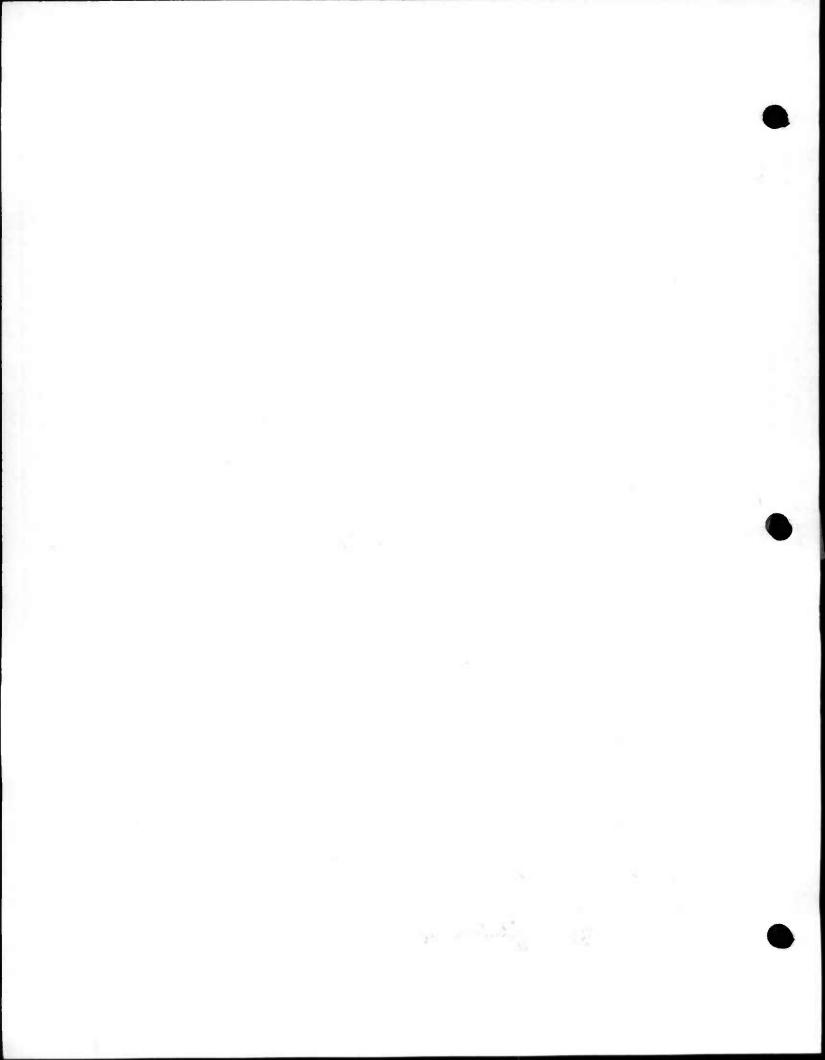


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

10

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	HOWARD	LERS	ERS			AY YEAR	0745 A M		
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Oct. 5,]		TTHPLACE (State or Foreign	
		1 M 2 D F	VDQ I	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	intry)	
1	713=41=4711	AA	81			Feb 20, 1	T	hio	
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							DEATH	
0	Potomac Valley Nursing Center Rockville Montgomery								
DIRECTOR	ING. INSTEE CITY LIMITS?								
		tgomery	, R	ockvill				1 X YES 2 NO	
₹ ×	100. STREET AND NUMBER			1	01. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
l iii	1235 Potomac Valley Road 20853 USA								
FUNERAL		12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Ye	a or No 14, RA	ACE — American Indian,	
	1 Never Married 2 Married	I IF YES GIVE WAR OR DATES			pecify Cuban, Maxica S 2 [2] NO Specif	nn, Puerto Rican, atc.)		eck, White, etc.	
ED BY	3 Wildowed 4 Divorced WW11								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
T I			life. Do NOT use	retired.)	lost of working				
립	1-12 C	college (14 or 5+) ollege	Special	Employ.	ee, FBI	Federa	l Govern	ment	
once. COMPLET	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First Miridia Mairies	Surame)		
e o	to make the state of the state								
B 8	French Sellers tea. INFORMANT'S NAME (Type/Print)		Mary Coty						
					noress (Street and Number or Rural Route Number, City or Town, State, Zip Code) ake Landing Rd., Gaithersburg, MD. 20879				
TO BE COM	Kathryn F. Warner		9903 1	ake La	nding Rd.	, Gaitners	sburg, M	D. 20079	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remov	20a. METHOD OF DISPOSITION 1 Durial 2 X Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of opening large), or other places of the place o							
Ē	4 Donation 6 Other (Specify)	4 Donation 6 Other (Specify) — Green State Fort Lincoln Crematory 10-9-91 Brentwood, Md.							
	21. SIGNATURE OF FUNERAL BERYCE LICENSEE. 22. NAME AND ADDRESS OF FACILITY								
E X	Hines/Rinaldi Funeral Home								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate								
פער, נוס שפט	shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Billiary	eech line.	usto		en as cerdiac or resp	erreat,	Approximete intervel Between Onaat and Death	
y, or other traumatic event, the medical CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events								
CER	reaulting in death) LAST								
	DADT II Other significant conditions contribution to death have a set of the second data to the second data								
SICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Directly Multigram The performes of Death? 1 yes 2 no							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
A	25. WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one)								
S	EXAMINER? HOSPITAL: OTHER								
D BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY			me 5 Realdence				
	1 Naturel 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED		
	2 Accident Investigation				YES 2 NO				
TED	3 Suicide S Could not be 4 Homicide determined	reet, factory, off	Bectory, office 281. LOCATION (Street and Number or Rural Poute Number, City or Town, State)						
COMPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
- S	one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
ŏ	an convenient we say a final first								
E H	West and The Day he				29c. LICENSE NUMBER 29d. D.			DATE SIGNED (Month, Day, Year)	
<u>₹</u> 2	11/10/10/10/10/10/10/10/10/10/10/10/10/1					1 10/6/91			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2309 SHAREFIELD RD MYRAN L LENKIN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) WHEATON ME								
	31. DATE FILED (Month, Day, Year) OCT 10 '91 32. REGISTRAR'S SIGNATURE								

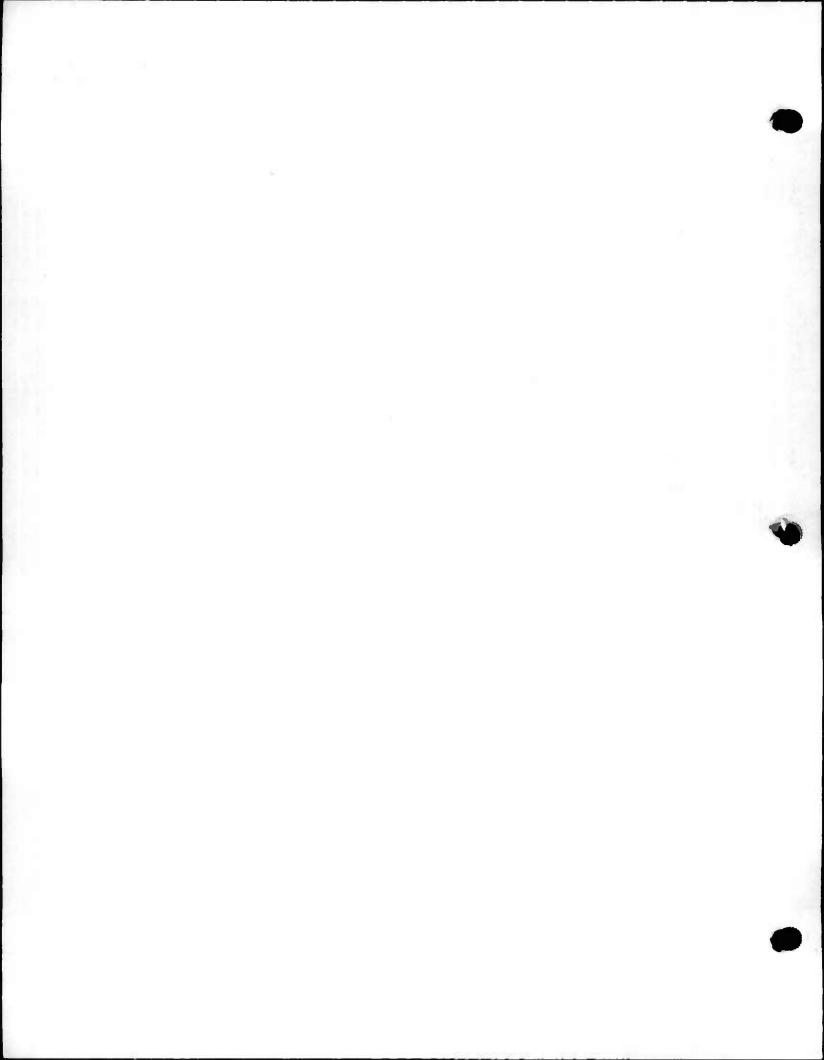


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE

1.2	e, Lasi)		1				2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
1.1	1illi5	5ta	rch	er			10	20		91	8:30 P.
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
234-10-6014	1½□ M 2 □ F	83	YRS.	MONTHS DATE	HOURS	mire,	Sept	14,	1908	WES	St Virginia
Garlock Nursin				96. CITY, TOWN Hagers		ON OF DE	HTA		Wash	ingt	CON
RESIDENCE OF DECEDE	_							-			
	COUNTY Washington			TOWN OR LOCA Hagerst							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
833 View Stre	et.			10	2174					SA	WHAT COUNTRY?
11. MARITAL STATUS Never Married 2 Marries Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. AR I YES 2 X N WAR OR DATES		11 yes, s			IIC ORIOIN? (n, Puerto Ric		or No		E - American Indian, k, White, etc.
15. DECEDEN (Specify only high Elementary/Secondary (0-12) 12 years	r's EDUCATION esi grade completed) College (1-4 or 5	(Gi	ve kind of wo Do NOT use	ISUAL OCCUPATOR done during material.)	ost of world	ng		ind of Bus		USTRY	
i7. FATHER'S NAME (First, Middle, Albert	Starcher				18. MOT		ME (First, Mid		_{Sumame)} insbei	ry	
198. INFORMANT'S NAME (Type/Pr	int)			ADDRESS (Street							217/0
James G. Roye:	r, Jr.			odland	-		ersto	wn, M	aryla	and	21740
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 1 Departion 5 Other (Spec		20b. PLACE other pla Rest	of disposi Haver	TION (Name of co	metery, cres 219		.0/23		cation — c		Maryland
TO BLOOM TURE OF PURIERAL SET	7. Min	nich		Gerale Funer	d N.	Minn	iich				ac Street Maryland
23. PART I. Enter the disess shock, or heert immediate CAUSE (Finel disease or condition resulting in death)	fellure. List only one ca	aso on each line	1911				n es cerdie				Approximate Interval Betwee Onset and Dec
Sequentially list conditions, if any, leading to immediate	any	O (OR AS A CONSE	DUENCE OF	e Ar	101	4 9	0180	K_	-		
cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSE	DUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d										
CAUSE (Disease or Injury that Initiated events	a. ontributing to	o deeth but not i	esulting Ir	n the underlyl	ng ceuse	given in		4a. WAS AN PERFOR	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant or the s	DICAL	o deeth but not a	esulting Ir					PERFOR	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUS
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	HOSPITAL:	deeth but not r		26,1	PLACE OF D	DEATH (CH	eck only one)	PERFOR	RMED?	24	COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant or EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pendi	HOSPITAL: 1 Inputiant 2 28s. DATE (Month)	□ ER/Outpetlent 3		26, I OTHER: 4 Mursing Ho 5 OF 28c. If	PLACE OF D	DEATH (Ch	eck only one)	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

32 REGISTRAR'S SIONATURE Julia Davidson-Randall



IMPORTANT:

2

Day, Year)

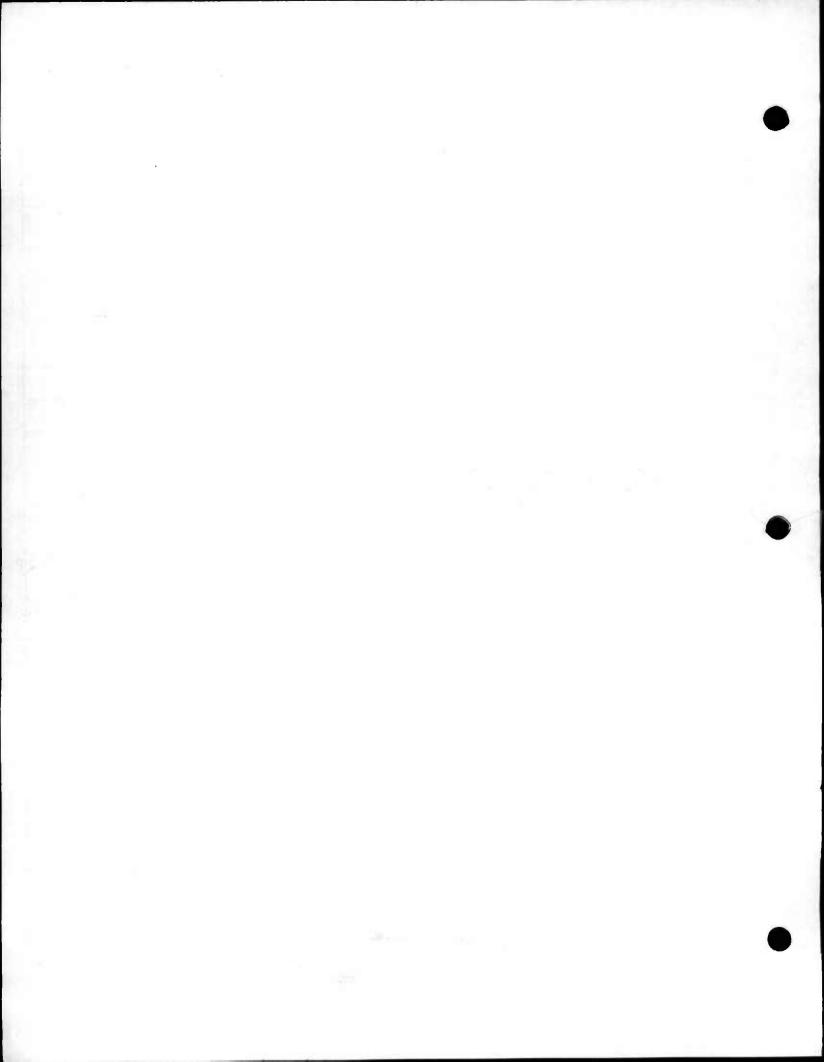
TO THE H

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the divitin 72 hours after death with the State Deot, or Health and Mental Hydiene prior to burial cremation, or removal	
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NG P	fter th	mark
TENDI	OR: A	89
JA AL	MRECT Nurs a	RTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MAL	ALD 72 No	=
HOSPI	FUNE	ANT
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burial-transit permit.

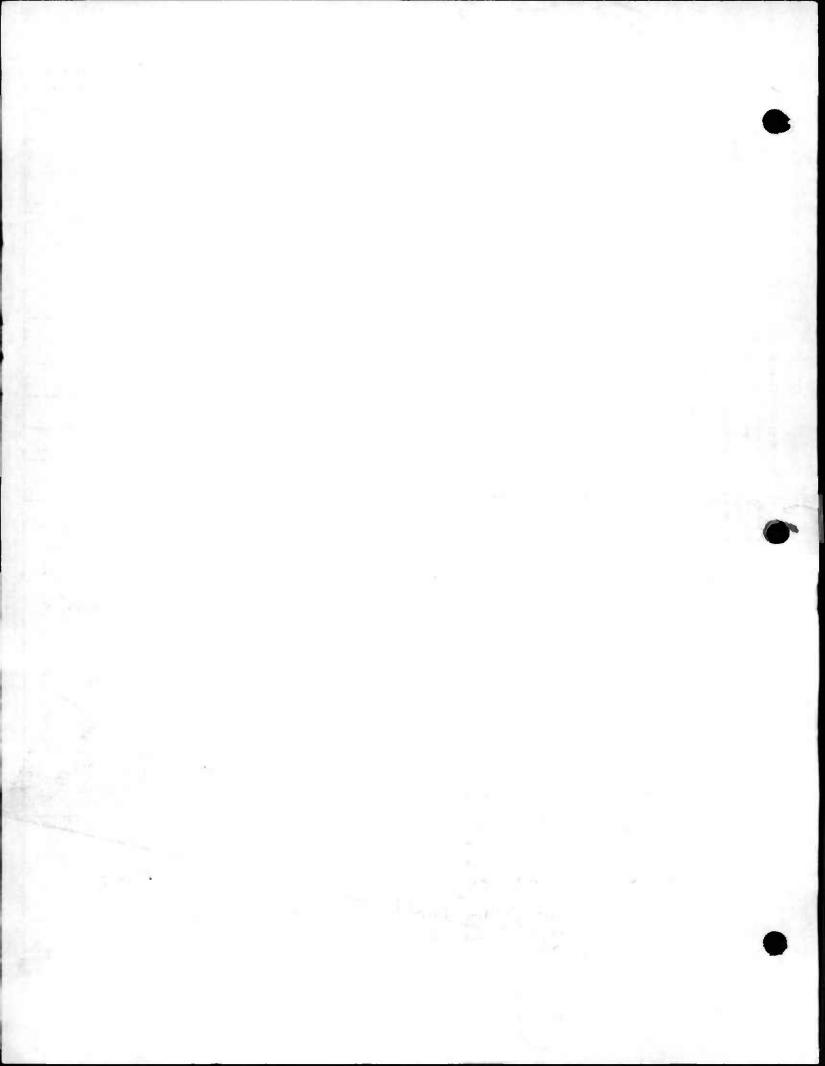
91 29218 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, STOUFFER Katherine Lavinia 2. DATE OF DEATH 3. TIME OF DEATH atherine 6. BIRTHPLACE (State or Foleign Country) 10 7. DATE OF BIRTH Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS Jan. 8, 1 M 2 215-26-2021 Maryland YRS. 1904 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Washington Hagerstown 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 9 21740 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puarto Rican, etc.}

1 YES 2 NO Specify: В 3 X Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 bookkeeper 0 florist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Edward Paul Kaylor Ada Powell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Duke Stouffer Route 9, Box 235, Hagerstown, Md. 21740 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 1 Burial 2 Cremation 3 Ram Donation 8 Other (Specify) Rose Hill Cemetery 10/19 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME Edwel 415 E. Wilson Blvd., Hagerstown, Md. 23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) dex MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING vteriosclevoti CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 | YES 2 | NO tlant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the occured at the time, data and place, and due to the cause(s) and me BE



DHMH-18 Rev 1/89

MARY S 4. SOCIAL SECURITY NUMBER 233-60-3169 98. FACILITY NAME (If not institution, give	" Mary	Pheobe	Short	cs			2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
233-60-3169	HORTS						10	15	1991	2:30 P
	5. SEX 8	3. AGE (In yrs. last bir		A 1 YEAR	IF UNDER		7. DATE OF BIRT (Month, Day, Y	TH bar)	8. BIRT	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, giv	1 M 2 X F	63	YRS. MONTHS	DAYS	HOURS	MIN.	07-04-1			pepper, VA
	e street and number)		9b. CIT	Y, TOWN C	R LOCATION	ON OF DE	ATH	9c. C	OUNTY OF	
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RESIDENCE OF DECEDENT						E.			ALTIN	ORE CITY
10e. STATE 10b. COU		10	Oc. CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
W.Va. Jef	ferson		Ranso	on						1 X YES 2 NO
10e. STREET AND NUMBER				101	. ZIP CODE		1993	10g. (CITIZEN OF	WHAT COUNTRY?
400 South Reyma	nn Street				2543	8		J	J.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO	13	If yes, sp			IIC ORIGIN? (Spec n, Puerto Rican, e		Ble	CE — American Indian, ok, White, etc.
15. DECEDENT'S E (Specify only highest gro		16a, DECED	ENT'S USUAL	OCCUPATIO	ON of working	w.	16b. KIND (OF BUSINESS	INDUSTRY	777312772
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)	or or wurkli					
unknown		Home	emaker				dom	estic		
17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAI	ME (First, Middle, I		0)	
June	न	letcher			М	arv	(ma	iden u	inkno	m)
19a. INFORMANT'S NAME (Type/Print)	-		AILING ADDRES	SS (Street a			Route Number, City			
William F. S	Shorts		0 South							25438
20e, METHOD OF DISPOSITION		20b. PLACE AN			-			nson,	WV or 1	
XXBuriel 2 Cremation 3 R	emoval from State	Pleasan	matory or other	place)	TATE C	10-1	0-21			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Leasan		NAME A				rural	Mart.	insburg, W
	LICENSEE 1	1					ider Co	Tnc		
Douglas	R. Su	muda					Charles			25414
IMMEDIATE CAUSE (Final disease or condition	re. List only one caus									Onset and D
reaulting in death)		OR AS A CONSEQUE	NCE OF):	Λ .						3 days
	- Track	o-croph		tutu						11 1
Sequentially list conditions,		OR AS A CONSEQUE		1 10/4	110					1 mans
if any, leading to immediate cause. Enter UNDERLYING	. Canc									I am on th
CAUSE (Disease or injury that initiated events		OR AS A CONSEQUE	NCE OF):							יין משחיי
resulting in deeth) LAST										
	d									+
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	34 //34	ОТНІ	ER:			eck only one)			1 120 27 110
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3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

9c. COUNTY OF DEATH

New Jersey

11:15A

DHMH-16 Rev 1/89

4, SOCIAL SECURITY NUMBER

216-28-4674

9a. FACILITY NAME (If not institution, give street and number)

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

MONTHS

Shepard

6. AGE (In yrs. last birthday) 82 YRS.

Vivian

6. SEX

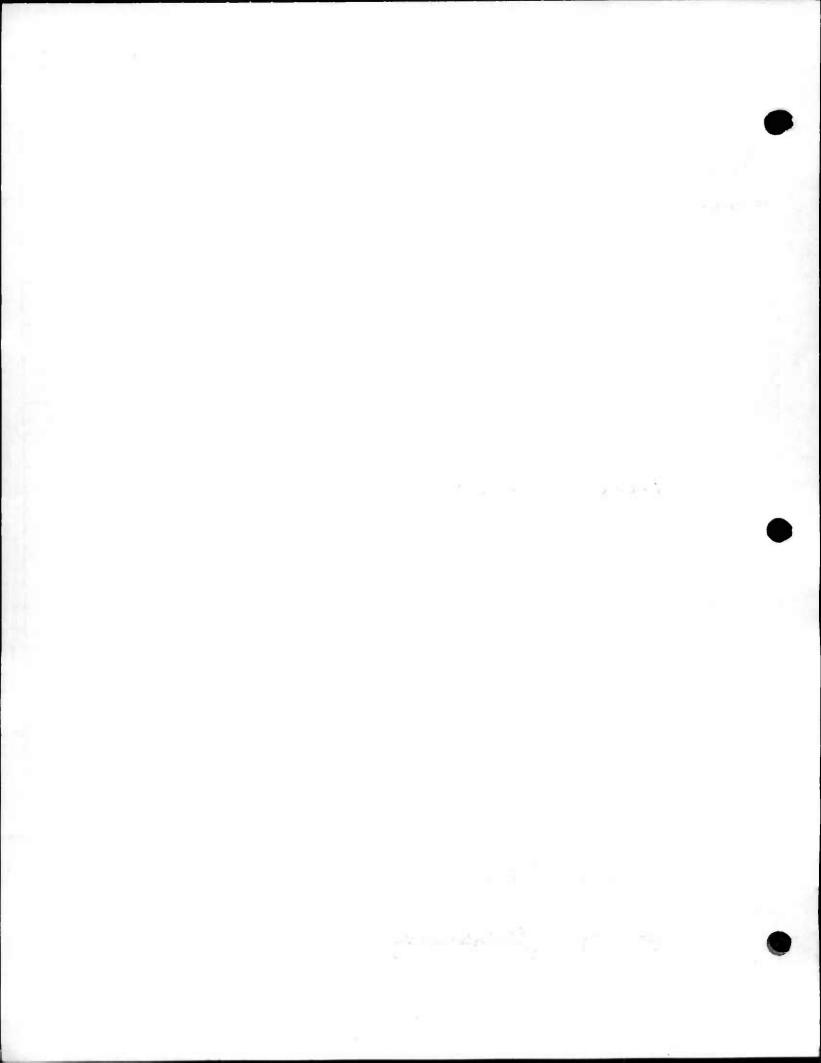
1 M 2 X F

DAY 5

7. DATE OF BIRTH (Month, Day, Year)

en	2	Fairhaven Life	Care Commu	inity	Syke	esville		Carr	oll County	
42 14	2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c, CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY	
Pag	DIRECTOR	Maryland Car	roll County	Svl	kesvil	le			LIMITS?	
E P		10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
nsit p	FUNERAL	7200 Third Av	enue (U-209	9)		21784		U.S	.A.	
ling physician. the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Novorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 XNO	If yes, spi	ENDENT OF HISPANIC Cocity Cuben, Mexican, Pocity:		86	ACE — American Indian, ack, White, atc. pecify: White	
al or attending for use as the	ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION done during mo-	IN st of working	16b. KIND OF BU	USINESS/INDUSTRY		
spital or hed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 4		cher		Eleme	ntary	Education	
detach	S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	First, Middle, Malden	Sumame)		
d by	BE	Ralph Water	<u>man Vincent</u>				erite K			
retained by the hospital 5 should be detached for notified at once.	2	19a. INFORMANT'S NAME (Type/Print) Fairhaven				Avenue				
t page		20a, METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Rem	20b.	PLACE OF DISPOSI	TION (Name of cen	netery, crematory or	20c. LO	CATION City or	Town, State	
ge 6 mai irector, p r must		4 Donation 5 Other (Specify)	Ca	arroll		ion Serv		mpstea	d, MD	
after death. Page 6 may be by the funeral director, page a moval.		≥ Buan L	. Haight		Haig		al Home		Box 195)	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing, jours after it TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical e	PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	consequence of the consequence o	cardin	g cause given in Pai	tach 7 Lach 8 Lach 8	Candi AUTOPSY RIMED? 2 DINO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
TTENDING P TOR: After 1 after death 28 is mar	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, st		YES 2 NO	St. LOCATION (Street City or Town, State		rel Route Number,	
SPITAL DR / VERAL DIREC Nn 72 hours IT: If item	COMPLETED	CONDUCTORITY	ICIAN: To the best of my knowle						se(a) and menner as stated.	
TO THE HON TO THE FUNDS FILED WITH WITH MINISTER TO THE PORTAN	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	MMP.	ШМ		D3440	ماه	10/	NED (Month, Day, Year)	
	ТО	30. NAME AND ADDRESS OF PERSON WE Richmond P.	Allan M 32. REGISTRAR'S SIGNA	ATH (ITEM 27) (Type, 0 1645	Print) Liber	ty Rd,	Elder	sburg	, MD	
1		31. DATE FILED (Moreh, Day, Year) OCT 1 6 '91	32. REGISTRAR'S SIGN	Midson-Rang	less					

United States 1. Security Humber 1. Security		REGISTRAR		MARYLAND / [CEI	RTIFICA	TE OF	DEATH	1	REG. N			
A SOCIAL SECURITY NUMBERS A SEX A CASE OF PICK IN THE A CASE OF PI	W.		1)							DAY	YEAR	3. TIME OF DEATH
THE PROPERTY SECRET AND CORRESPONDED TO PROPERTY SECRET SE										9, 199	3400	6:10
MALTHON MALE (FOR CHARLES) PART I. Enter the diseases, or complications that caused the death. Do note or picture, so complications in the caused the death. Do note or picture, so complications that caused the death. Do not enter the mode of dying, such as cordict or respiratory areast. Manual Content or picture, so complications that caused the death. Do not enter the mode of dying, such as cordictions or picture. Manual Content or pictur					MONT						S. BIRTNE Country	LACE (State or For
13642 Ambassador Drive, #12 Germantown Montgomery				41				Ju	ly 15,			
## ## STATE OF DECEDENTS ## ## STATE ## ## STATE OF DECEDENTS ## ## STATE ## ## STATE OF DECEDENTS ## ## STATE ## ##	2	G		410	90.	_		OF DEATN		9c. COUN	TY OF DE	ATH
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15. DECEDENT'S EDUCATION (Shood) or hybrat grade completed) 16. DECEDENT'S SUSIAL OCCUPATION (Shood) or hybrat grade completed) 17. FATHER'S NAME (First, Micdin, Lati) 18. MOTHER'S NAME (First, Micdin, Lati) 19. Banquet Waiter 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. MALINO ADDRESS (Stored and Number or Paral Robust Number) 19. Malino Address (Stored and Number or Paral Robust Number) 19. Malino Address (Stored and Number or Paral Robust Number) 19. Malino Address (Stored and Number or Paral Robust Number) 19. Malino Address (Stored and Number or Paral Robust Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number or Paral Robust Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored and Number) 19. Malino Address (Stored a		1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	X YES 2 NO	ED	If yes, sp	secify Cuban, &	fexican, Puari	GIN? (Specify to Ricen, atc.)	Yes or No—	Black,	White, atc.
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Montgomery Crematorium, Inc. Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1 Burial 2 X Cremetion 3 Rai	moval from State	20b. PLACE ANI	D DATE OF DISI	POSITION /Na						
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Sequentially list conditions, and the second sequence of the second sequence of the second second second sequence of the second sequence of the second sequence of the sequenc		- varoara you	Mulleno	lawhence	<u>ل</u> ا	KOCKV:	lile.	Inc.	300 W	est Mor	tao	merv
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CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Check only	ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MARNER OF DEATH 1 Natural S Pending Investigation 28 Accident Investigation 3 Solicide S Court not be determined	a. Human DUE TO (b. Atypic. DUE TO (AIDS DUE TO (d. HOSPITAL: 1 injusticent 2 28s. DATE OF building, s	Immunodeí (OR AS A CONSEQUE al Mycoba OR AS A CONSEQUE OR AS A CONSEQUE CRASON AS A CON	ENCE OF: DOA OTH DOA OTH A DA THE OF INJURY M	Cy Vi.	Ceuse gives CE S Reside	Cholar (M. k In in Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY ORMED? 2 X) NO (NUMBER OCCU)	24b. W A A C C C C C C C C C C C C C C C C C	Approximiterval B. Onset and Onset a
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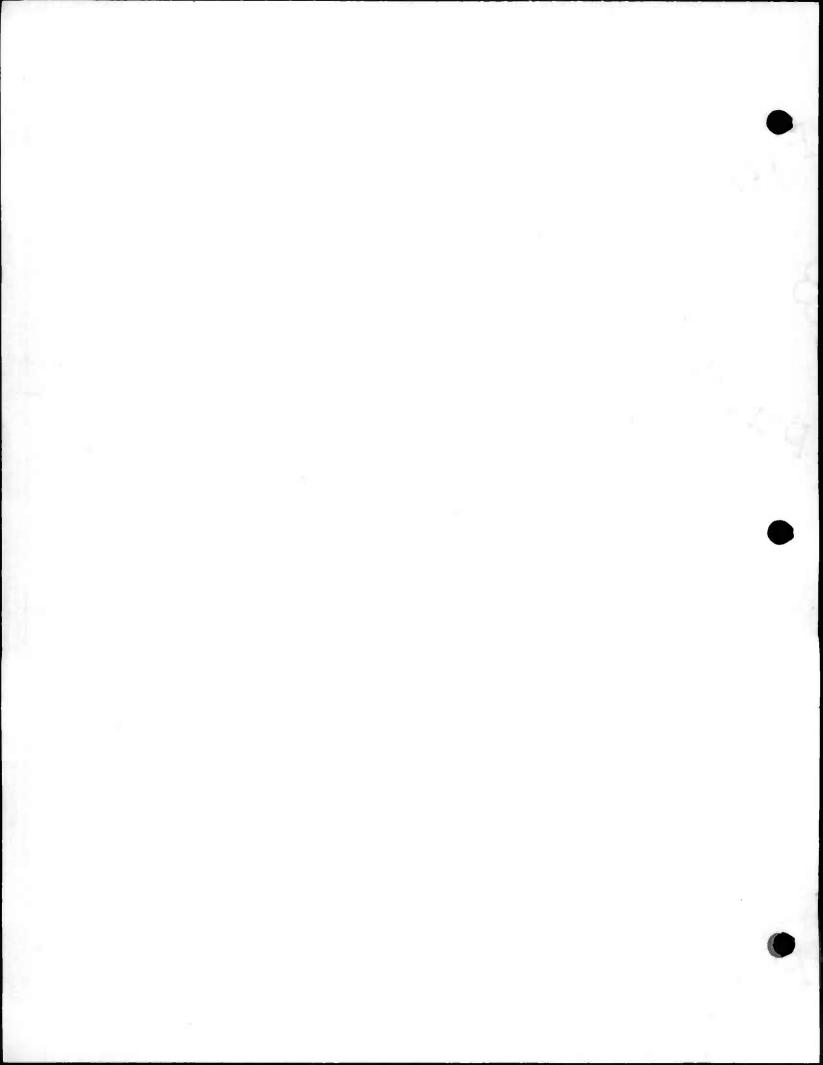


FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	.v	YEAR	3. TIME OF DEATH
	Vincent Le	roy To	olley				Oct		1991	TEAR	11:00 P M
	4. BOCIAL SECURITY NUMBER		AGE (In yrs. las	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS	7. OATE O	F BIRTH			IPLACE (State or Foreign
1	220-26-3682	XX M 2 D F	73	YRS.	MONTHS DA	YS HOURS MIN.	2/1	1/191	18	Count	aryland
	9s. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY, TO	WN OR LOCATION OF				NTY OF D	
r					Fis	hing Cr	eek		Do	rch	ester
DIRECTOR	RESIDENCE OF DECEDENT				- 10						
Ä	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR L	DCATION			_		10d. INSIDE CITY LIMITS?
ā	Maryland Dorc	hester		Fi:	shing	Creek					1 TYES 2XXNO
4	10s. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Box 57					216	34		1	1	US
5	11. MARITAL STATUS	12. WAS OECEDENT E	ER IN U.S. AR	MED		DECENDENT OF HIS			or No-	14. RAC	E — American Indien, k, White, atc.
	1 Never Married 2XXMarried	FORCES? TO	OR DATES	Ю		s, specify Cuban, Mea YES XXNO So		ican, atc.)			* White
2	3 Widowed 4 Olvorced	WW I	Ι		1						
3	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DE	CEDENT'S	USUAL OCCU	PATION g most of working	16b.	KIND OF BU	SINESS/INI	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.							- 7	
<u> </u>	/			wa:	terma	n		Se	eafo	oa	
COMPL	17. FATHER'S NAME (First, Middle, Last)						NAME (First, M				
	Lee Dewey	Tolley					ettie		yler		
2	19a. INFORMANT'S NAME (Type/Print)					reet and Number or Ru					
-	Louise H. Toll	ey	1	3OX	5 / F1	shing C	reek,				
	20a_METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramo	val from State	20b. PLACE	OF DISPOS	SITION (Name	of cemetery, crematory	or		CATION -		
	4 Donation 5 Other (Specify)		Ma.	Vet		Cemete		н	urlo	CK,	Ma.
	21. SIGNATURE OF THERAL BERVICE ACC	INSEE				E AND ADDRESS OF homas F		1 Hor	m o		
	1 1 1 lm	ne				00 Locu				anh	, Md. 2161
	23. PART V Enter the diseasea, or c	omplications that c	nused the de	ath Do r							Approximate
	ahock, or heart failure. I								,		Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	R	411								
	resulting in death)	Braue!	AS A CONSE	5/6/	25						5 0003
		002 10 (01	AS A CONSE	OUENCE U							
8	Sequentially list conditions,	DUE TO DO	AS A CONSE	OUENCE O	1	wanou	S' CLL				3 1110
CERTIFICATION	If any, leading to Immediata cause. Enter UNDERLYING	0		oondeller.							1
윤ㅣ	CAUSE (Disease or Injury that initiated events	DUE TO (OI	AS A CONSE	OUENCE O	F):						
Ē	resulting in death) LAST										
핑											
	PART II. Other aignificant condition	a contributing to de	ath but not	reauiting	in the unde	rlying cause giver	in Part i.	24a. WAS AF PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	1							1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
-											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEATH	(Check only on	0)			
Sic	1 YES 2 NO	HOSPITAL:	R/Outpatient :	DOA	OTHER:	Home 5 Thesider	ice 6 🗆 Othe	r (Specify)			
Ή	27, MANNES OF DEATH	28s. DATE OF IN (Month, Day,		26b. TIN	7	c. INJURY AT WORK?	-	CRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day,	1001)	114		YES 2 NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF I	NJURY — At h	ome, farm,	street, factory	, office				er or Rura	l Route Number,
	4 Hornicide determined	building, etc	. (Зреспу)				City	or Town, State	9)		
9	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	. lenamindais d	anth manum	and at the time	descriptions and	due to the en	unafah anad m		leted.	
₽ Z	(Check only										s(a) and manner as stated.
COMPLET					,,,			and place;	-		
BE	296. SIGNATURE AND WHILE OF CERTIFIES	•	-			29c. LICENSE	NUMBER		29d, DA	TE SIGNE	D (Month, Day, Year)
10	XIIX accent	u le	112			103	662		1	0-	14-91
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITI	EM 27) (Typ	s, Print)	- //		7			MD
		woul, L	BRCH	185	ER G	EN HOS	0	4mBi	RIDE	:E	ILID
	31. DATE FILED (Month Dec Ner)	32. REGISTRAR	SIGNATURE	dron-7	Pandale.						
i	■ DOLLO	· •	- 100 }								





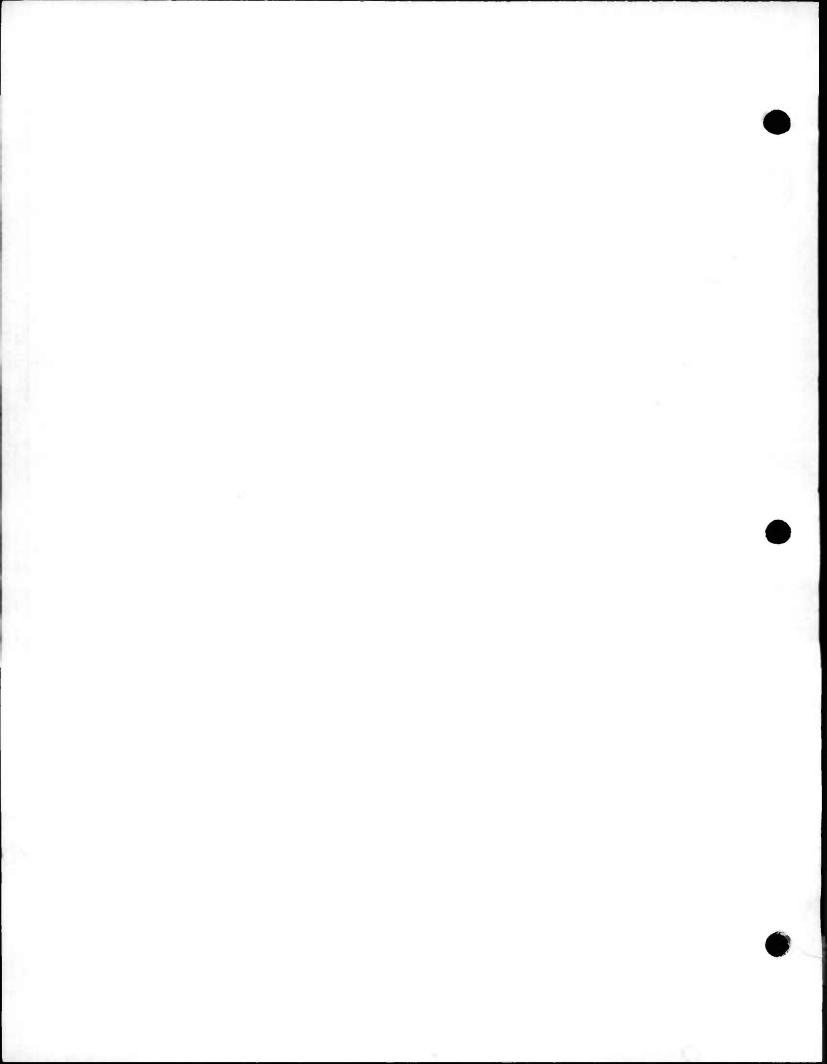
	Canada D	One March Model	j
BALTIMORE, MARYLAND 21203-3146	tter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within computed from the form of the may be retained by the hospital TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and computerly filted in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	NEGISTRAN		0.		IOAIL	- 0.	DEA		11	EG. NO.			
ì	1. DECEOENT'S NAME (First, Middle, L	est)							2. DATE OF D	DAY		YEAR	3. TIME OF DEATH
		Flo		lae	Th	oma	S			3, 1	991		5:00 A M
ĺ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	O. 181	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	NRTH y. Year)			PLACE (State or Foreign
1	215-03-0208	1 🗆 M 2 💢 🏋	89	YRS.	WORTING	LIMITE	HOUND	willy.	NOV	1 19	01	Ma	ryland
	9a. FACILITY NAME (If not institution,	give street and number)	1		9b. CITY	,		ON OF DE		1		NTY OF D	
ا ا	1208 Stone B	oundary F	load			Ca	mbri	idge	2		Γ	orc	hester
DIRECTOR	RESIDENCE OF DECEDEN			100									40.4 INSIDE OFFI
	10a. STATE 10b. CO				Y, TOWN C								10d, INSIDE CITY LIMITS?
		rchester			Camb								XX YES 2 NO
Z	100. STREET AND NUMBER	-	200			101	ZIP COD	₌ 1613	1		10g. CITI	US	VHAT COUNTRY?
FUNERAL	1208 Stone B	-				\perp							
3	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES XX	NO NO					IIC ORIOIN? (S n, Puerto Ricer		r No-	Black	E — American Indian, k, White, alc.
BY	3XXWidowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			1 TYES	2 🛛 📉	Specify	r.		. 1	Speci	"" White
	15. DECEDENT'S	EDUCATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUSIF	NESS/INC	DUSTRY	
	(Specify only highest	grade completed)		Silve kind of a Do NOT us	work done	during ma	ast of worki	ng	1000				
2	Elamentary/Secondary (0-12)	College (1-4 or 5	"	Sean	nstr	'ess	/Gr	ocer	ysto	re V	Jork	ker	1
COMPLETED	17. FATHER'S NAME (First, Middle, Las	1)		Jean	СТ	-555	· ·		ME (First, Midd				
	George Tuck								lly		rine	2	
8	19a. INFORMANT'S NAME (Type/Print)		15	Pb. MAILING	ADORES	S (Street I	and Numbe		Route Number,			_	21612
임	Diane M. Tho	mas							ry Ro				21613 MD
	20a METHOD OF DISPOSITION		20b. PLACE	OF OISPO					/			City or To	
	1X Burial 2 Cremation 3 4 Donation 5 DO Other (Specify)		other D							1			, Md.
- 1	21. BIGHATURE OF WINERAL SERVICE		, 201					SS OF FA	CILITY				
	b /// 1 -	()							eral H				
	Jane)	Homen											Md. 21613
	23. PART Lanter the diseases	, or complications the lure. List only one ce	et caused the duse on each lin	eath. Do	not enter	r the mo	ode of dy	ing, suc	n aa cerdiec	or respire	atory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final				· . 1	1.	1	1	0				Onset and Deeth
- 1	disease or condition resulting in death)	a.	CONC O (OR AS A CONS	untry	rel	tea	T.	Jan	elen	J			montes
		DUE TO	(OR AS A CONS	EOUENCE O	OF):								
Z	Sequentially list conditions,	b	150	VVD	MED.								yeus
ĚΙ	if any, leading to immediata cause. Enter UNDERLYING	DOE TO	(UR AS A CUNSI	EUVENCE C	rc):								
걸	CAUSE (Disease or injury	C. DUE TO	OR AS A CONSE	EOUENCE C	OF):								
	that initiated events reaulting in death) LAST												[
CERTIFICATION		d											
	PART II. Other significant cond	ditions contributing to	deeth but not	resulting	in the u	nderlyin	g cause	given in	Part i. 24	a. WAS AN A		241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	anemia								1	VES 2			COMPLETION OF CAUSE OF DEATH?
ME													1 TES 2 NO
_													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC						LACE OF	DEATH (C	neck only one)				
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 Nu	esidenca	6 Other (S	(pecify)			
Ť	27. MANNER OF DEATH	26a. DATE O	F INJURY Day, Year)	26b. Til	ME OF	28c. IN	JURY AT ORK?		28d. DESCR	IBE HOW IN	JURY O	CCUREO	
	Natural 5 Pending		way, roury	1 "	M	1 🗆		□ NO					1
Э ВУ	2 Accident 6 Could n	26e. PLACE	OF INJURY — At I	home, farm,	street, fac	ctory, offi	Ce			ON (Street ar	nd Numbe	er or Rural	Route Number,
TED	4 Homicide determin		, etc. (opecity)						City of 1	CATT, SIBIU)			
COMPLET	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of	of my knowledge	death occur	red at the	Ilma, det	e and nie	e, and de-	a to the cause	(a) and man	ner as st	tated.	
MP	COLOCK OTHY												(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CEI		4							,			
BE	296. SIGNATURE AND TITLE OF CE		1					CENSE NU			29d. DA	TE SIGNE	D (Month, Day, Year)
5	30, NAME AND ADDRESS OF PERSO	ON WHO COMPLETED SA	ICE OF DEATH -	TEM OT C	a Dilin)22	113			101	7/41
	LA) PATTO T	4 EH	PW DEATH (IT	May (NO	o, Print)								
	31. DATE FILED (Marth-Pay, Joar)	12 DECIGN	ABIS SIGNATION	700]									
	UCT 16	91 32. REGISTA	RY ARIS SIGNATURE Wha Davids	on-Ra	ndell								
		1 0		- '									DHMH.16 Pay 1/80



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DIRECTOR

BY FUNERAL

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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

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at once. BE

FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMENT	OF H	DEAT	AND TH	MENTAL HYGIEN	
1. DECEDENT'S NAME (FW PETER		. TH	OMSON						2. DATE OF OEATH MONTH DA OCTOBER 7	ıY ,
4. SOCIAL SECURITY NUM	ABER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	
578-17-835		1X M 2 F	50	YRS,	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 23, 19	9
THE JOHNS	HOPKI		TAL				OR LOCATION OF LOCATION		EATH	
RESIDENCE OF DE										_
10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN C	R LOCA	TION			
none		none		W	lashi	ngt	on, I	.c.		
10e. STREET AND NUMBE	R					10	. ZIP CODI	E		Г
4701 29th	Place,	N.W.					200	008		
	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		f yes, sp	ENDENT C	F HISPA	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) by:	0

CERTIFICATE OF DEATH 2. DATE OF OEATH 3. TIME OF DEATH 1991 OCTOBER 11:30 a.m. IF UNDER 1 YEAR 7. DATE OF BIRTH (Month. Day, Year) IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign HOURS Aug. 23,1941 Canada 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY BALTIMORE CITY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington, D.C. 1 X YES 2 NO 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20008 Canada 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc.

3 Widowed 4 Divorced	IF YES, GIVE WAR O	PR DATES	1 - YES 2 - X	NO Specify:		Specify: White	
15. DECEOENT'S E (Specify only highest gra	OUCATION ide completed)	16e. DECEDENT'S US	rk done during most of wo	orkina	16b. KIND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	,,,,,,,,			
	5	Economis	t		World Ba	ank	
17. FATHER'S NAME (First, Middle, Last)		-	18. M	OTHER'S NAM	E (First, Middle, Malden Surnem	e)	
Graeme Thomson			l l		ne Morin		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A			oute Number, City or Town, State	Zip Code)	
E. Ann Thomson		4701			Washington, D		
20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE OF cemetery, crematory or othe Metropolit	DISPOSITION (Name of place)			— City or Town, State	
21, SIGNATURE OF FUNERAL SERVICE) O'Hau		DeVol Fu	RESS OF FACI	LITY		C
23. PART I. Enter the diseases, p shock, or heart failur	r complications that cause.	used the death. Do not	antar tha moda of	dying, such	as cardiac or reapiratory	srrest, Approxi	imats
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	. AS457					Interval Onsat s	
	DUE TO (OR	AS A CONSEQUENCE OF):					
Sequentially list conditions,	· KESPIRE	MORY FA	ILURE			10 1	410

If sny, laading to immediata cause Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF) DAGULDPATITY

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

7-8 3345 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

10 3345

ath

24e. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO HEPATIC URE FAILDRE 1 | YES 2 NO-SPAFT 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL:
1 - Impatient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending М 1 YES 2 🗌 NO

1 Natural 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(e) and menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Clatte 8086

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

600 N TOWER 110 WOLF BALTO MD 21205 31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S SIGNATURE 10 91

9

to other

BALTIMORE, MARYLAND 21203-3146

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	Sur	d in	Ē
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-surs at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remy	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	tifica	a b	흥
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CEF	KITIFIC/	AIE OF	DEA	П	REG. NO)			
	1. DECEDENT'S NAME (First, Middle, Last)	Titus						2. DATE OF DEATH MONTH	8 9%	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-4658	5. SEX	6. AGE (In yrs. lest bi	.,	UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		ITHPLACE (State or Foreign intry)		
20	9a. FACILITY NAME (If not institution, give sti	reet and number)	,11	9b.	RO	ckvil		ATN	9c. COUNTY OF	/		
DINECTOR	10e. STATE 10b. COUNTY	Montgon	nery	10c. CITY, TO	OCK	ATION Lelle	_			10d. INSIDE CITY LIMITS? 1 Ses 2 No		
FUNERAL	10e. STREET AND NUMBER	JANE	Pl.		1	of. ZIP COD	285	0	10g. CITIZEN O	OF WHAT COUNTRY?		
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARME YES 2 NO AR OR DATES	ED .	If yes, i		n, Maxica	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	BI	ACE — American Indian, lack, Whita, atc.		
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+	(Give	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					18b. KIND OF BUSINESS/INDUSTRY OWN Home			
Ē	17. FATHER'S NAME (First, Middle, Last)	,	/	MORGE.	MAK		NER'S NA	ME (First, Middle, Maider	n Sumame)			
ם מ	William W. Hessie					R	osa	E. Mobley				
2	Ralph L. Belford 79				ING ADDRESS (Street and Number or Rural Route Number, City or Town Tulane Place, Rockville, Ma					20850		
	20a. METHOD OF DISPOSITION 1 [XBuriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		20b. PLACE OF other place Parkla	wn Me	POSITION (Name of cemetery, cremetory or American Park Rockville, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LIC	Jano	✓ MO	0198				Chity Threy Fune Gomery Averyland 2		P/Rockville, Inc.		
ION	23. PART I. Enter the diseases, or cashock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO	erebu gras a consecu	ENCE OF):	hes	node of dy	ling, auc	n as cardiac or resp	pretory arreat,	Approximate interval Batween Onset and Death Shows		
CERTIFICATION	ouse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST oue TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO								PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF E	DEATH (Ch	eck only one)				
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER: Number H	ome 5 🗆 R	esidence	8 Other (Specify)				
- 1	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		28b. TIME OF	١	NJURY AT VORK? YES 2 [] NO	28d, DESCRIBE NOW	INJURY OCCURED	,		
EDB	3 Suicide 8 Could not be 4 Homicide detarmined		F INJURY — At home atc. (Specify)	e, farm, atree	rt, factory, of	fice		28f. LOCATION (Street City or Town, State	and Number of Rui)	ral Route Number,		
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE									se(a) and manner as stated.		
מו	285. SIGNATURE AND VITLE OF CERTIFIER	10.	0 6	7		29c. LIC	ENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)		
2	John R.	Ille	und			7	192	94	10-	8-71		
-		rechich	811	_	isell	Avi	= (BAITHERS	suns,	nd 20879		
	OCT 09 91	guia d	antaxan You	delle								

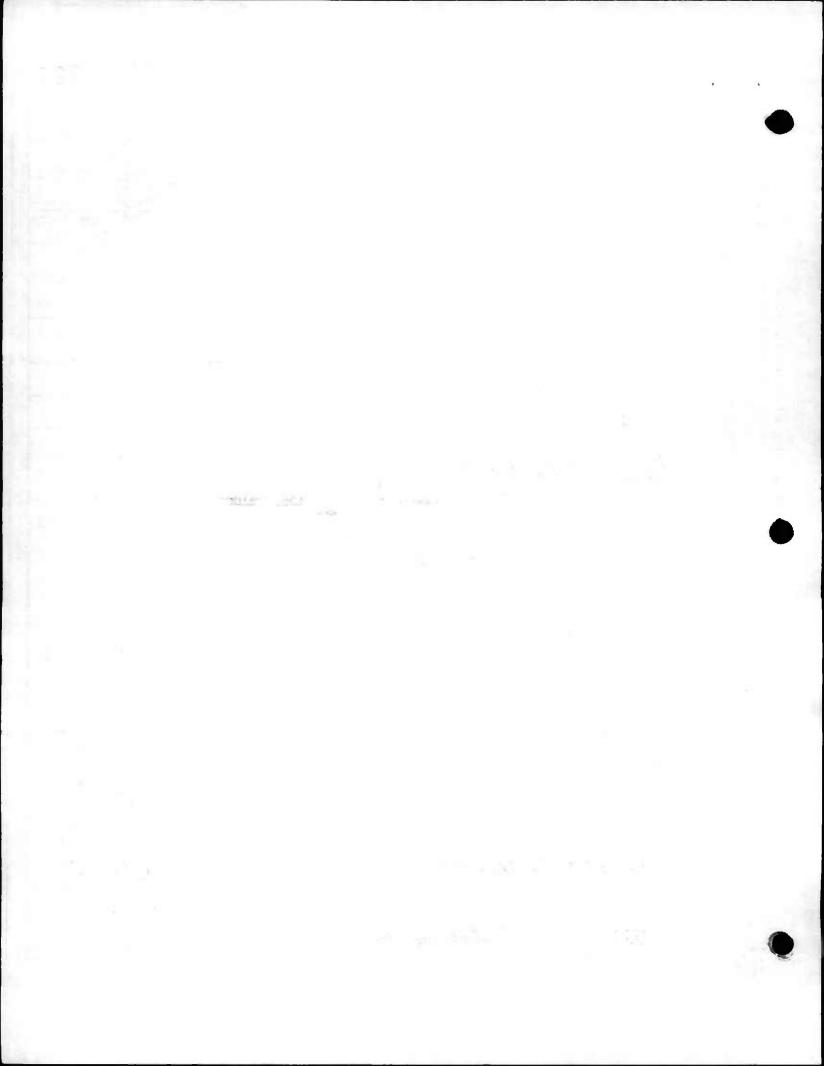
1 - STATE REGISTRAR		OINIL OI I	C		ICATE O				REG. NO.		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF	DEATH DAY	YEAR	3. TIME OF OEATH
Flore	nce		Cosmor	e	Tucker			OCT	14, 199	1	5:47 P. M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER I YEAR			7. DATE OF		6, BIR	THPLACE (State or Foreign
579-62-548	2	1 🗆 M 2 📈	88	YRS.	MONTHS DAYS	HOURS	MIN.	9-26-			shington DC
9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY, TOW	N OR LOCATIO	ON OF D			OUNTY OF	
Physicians		al Hospi	ta1		La	aPlata				Char	les
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland	Cha	rles			La Pla	ata					LIMITS?
10e. STREET AND NUMBER					T	10f. ZIP CODE	E		10g.	CITIZEN OF	WHAT COUNTRY?
Rt. 488						2064	6			US	Α
11. MARITAL STATUS		12. WAS DECEDEN				DECENDENT O	F HISPA		(Specify Yee or No-		CE — American Indien, ack, White, stc.
1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1	YES 2X	ίνο		specify Cube (ES X X NO			can, atc.)	Sp	ochy: White
15. DEC	EDENT'S EDU	JCATION	16a. D	ECEDENT'S	USUAL OCCUP	ATION	_	16b. P	(INO OF BUSINESS		111200
(Specify online Elementary/Secondary (I	y highest grade	College (1-4 or 6	+) #	Give kind of a. Do NOT u	work done during se retired.)	most of working	ng				
12		-		louse	wife				Home		
17. FATHER'S NAME (First, A	fiddle, Last)					16. MOTI	HER'S N	AME (First, Mic	ddie, Maiden Surnan	10)	
Issac C	.~Roll	ins				100	Bes	sie F	. (unava	ilah	le)
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Stre	et and Number			, City or Town, State		
Richard O.	Tucker		- 1	3 Car	ntains	Cove.	MLIT	rells	Inlet.	SC 29	9576
METHOD OF DISPOSIT	ION		20h PLAC	E AND DAT	E OF DISPOSITI	ON (Name		OATE	20c. LOCATION	- City or	Town, State
4 ☐ Departion 6 ☐ Other		1	_ Irin	ity M	y or other place) emorial				6 Waldor	f, Mo	d.
21. SIGNATURE OF STREET	test of	CHISEE				t Fune					
Michael	Blanke	enshin		10085					orf. Md.	200	04 0156
23. PART I, Enter the dahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart fallure.	complications the List only one cal						_			Approximate Interval Between Onset and Death
Sequentially list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or in/ that initiated events resulting in death) LAS	diata ING ury	b	O (OR AS A CONS	Eduzie EQUENCE C	iden						
PART II. Other eignific	ent condition	one contributing to	o death but not	resulting	in the underf	ying cause	given li		24a. WAS AN AUTOI PERFORMED? 1 YES 2 NO		Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	/								4		
25. WAS CASE REFERRED : EXAMINER? 1 YES 2 NO	PO MEDICAL	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER:	Home 5 R				177	
27. MANNEY OF DEATH		28e. DATE O	F INJURY	28b. TII	ME OF 28c.	INJURY AT		-	CRIBE HOW INJURY	OCCURED	
	Pending Investigation		Day, Year)	l IN	M 1	WORK?	□ NO				
2 Accident 3 Suicide 6 4 Homicide	Could not be	28e. PLACE	OF INJURY — At I	home, farm,	street, factory, o	office		281, LOCA City o	TION (Street and Nu r Town, State)	mber or Rui	al Route Number,
CONDUCT ONLY		SICIAN: To the best of									e(e) end menner ee stated.
29b. SIGNATURE AND TITL	E OF CERTIFI	Jeults	mn	84			2103		29d.	DATE SIGN	150 (Month, Day, Year)
30. NAME AND ADDRESS											
4	Y 41	1 1	IN Wal	land N	Madical	Danle	DO	Roy 2	49, Wald	orf 1	13 20604

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

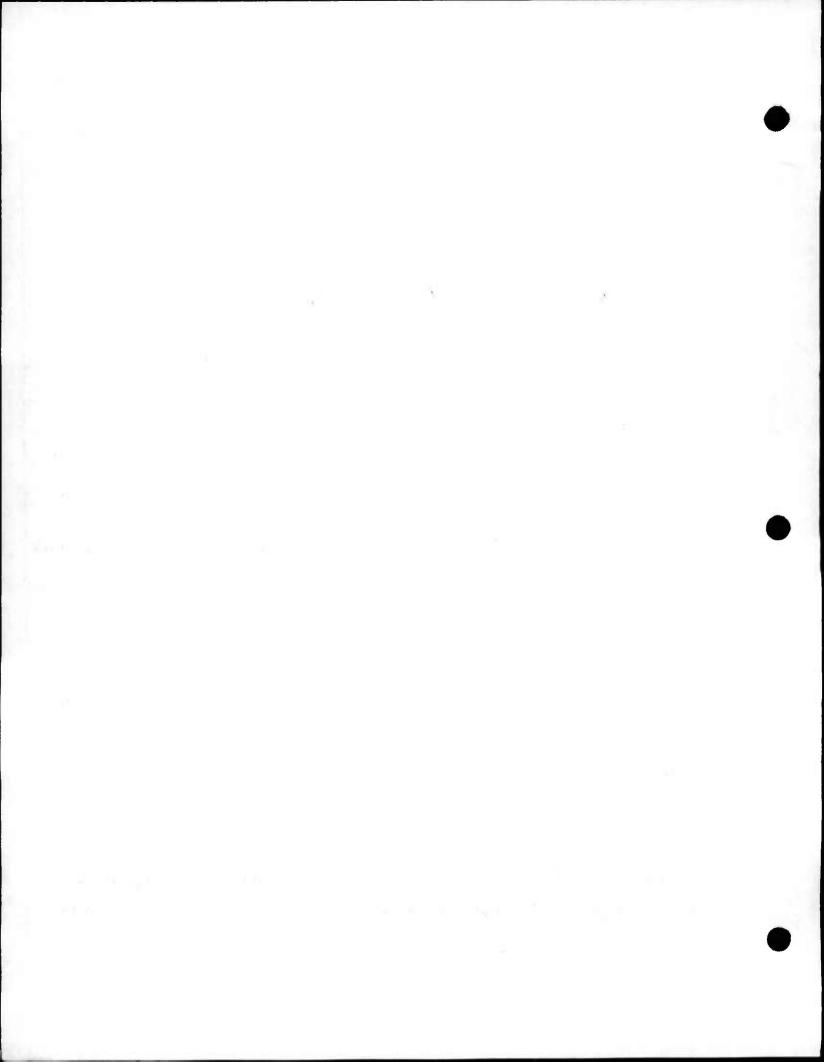
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Michael



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit namily
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA	ENT OF I	HEALTH AND	MENTAL HYGIEI		Com Some Com I
1000000	1-DECEDENT'S NAME (First, Middle, Last) Daniel P. T	urner PAL	JL TURNER			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-14-8861 9a. FACILITY NAME (If not institution, give	1 M 2 🗆 F	65 YRS. MON	UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	26 1	BIRTHPLACE (State or Foreign Country) MaryLand
DIRECTOR	Washing for Count	ty Hospital	/ <i>F</i>	lagers	TELUM	EATH	Uasi	hington
	MARYLAND WAS	SHINGTON		EAR SPE	RING,			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	12311 FORREST H	IILL ROAD		10	1. ZIP CODE 21722			S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPAI pecify Cuban, Mexics 3 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE – American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mo tired.)	ON ist of working	MFG . C		OW HARDWARE
	17. FATHER'S NAME (First, Middle, Last)	T: :0\!ED	PINEIVI S.	RIVOL		AME (First, Middle, Maide	n Sumame)	
BE	PAUL WILL 19a. INFORMANT'S NAME (Type/Print)	_IAM TURNER	196. MAILING ADI		MANI and Number or Rural	NIE VIOL		
2	LUCY I. TURNER		12311 FC	ORREST	HILL RO	AD, CLEAR	SPRING	, MD. 21722
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	moval from State 20b.f	PLACE AND DATE OF DISE	SPOSITION (NE		DATE 200. LI	DERSTOW	N, WASH., MD.
	21. SIGNATURE OF FUNERAL SERVICE LI		/	22. NAME AN	ND ADDRESS OF FA	ACILITY		
	* K. Rse	el Brady	4	40 EA	ST ANTIE	TAM STREET	HAGE	E. INC. RSTOWN,MD.2174
	23. PART I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Matasta Due to (or as a complete to a complete to a	ech line.		4		olratory arrest	Approximate Interval Batwean Onset and Death 2 months
CERTIFICATION	Sequentially flet conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	C	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	toronary AR	one contributing to deeth but STructive Puresty Disease	Umonary				RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		HER:	ACE OF DEATH (Chi			
PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	ED
⋒	1 Natural 5 Pending 2 Accident Investigation 3 Suicide	25a PLACE OF IN HIDY		M 1 🗆 Y	YES 2 NO			
E	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify	- At home, term, erres,	, tectory, ornes		261. LOCATION (Street City or Town, State	and Number or 1	Rural Route Number,
COMPLETED	2 MEDICAL EXAMINE	SICIAN: To the best of my knowled						suse(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE OF. F. Yazdani 30 NAME AND ADDRESS OF BERCON WILL	R I			D370	46	29d. DATE SH ▶ 0	GNFO (Month, Day, Year) 20/91 21742
	30. NAME AND ADDRESS OF PERSON WHE FAShad Yazda 31. DATE FILED (Megul-Day, 10at)	ani, 1060 (TH (ITEM 27) (Type, Print) REST WOL	od D.	. Hag	estown,	Md.	21742
	OCT 22 '91	32. REGISTRAR'S SIGNAT Juna Day	idson-Randel	e.	,			



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		0		CERTIF	ICATE O	F DEATH		REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH	н
SHELLE	Y	G. UL	ANOW				MONT	OF DEATH	19	99IAR	4:15	P.M
4. SOCIAL SECURITY NUMB	ER		. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or For	reign
220-60-5691		1 🗆 M 2 😿 F	38	YRS.	MONTHS DAY			21/19			INGTON,	D.C
9a. FACILITY NAME (If not ins	stitution, give s	street and number)			9b. CITY, TOW	N OR LOCATION OF D	DEATH		9c. COL	JNTY OF D	EATH	
25114 CHIMN		JSE COURT			DAM	ASCUS			MOI	NTGOM	ŒRY	
10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN OR LO	CATION			-		10d. INSIDE CITY	
MARYLAND	MONTO	OMERY		D	AMASCU	S					1 YES 2 X	NO
10e. STREET AND NUMBER						10f. ZIP CODE	****		10g. Cl	TIZEN OF V	WHAT COUNTRY?	
25114 CHIMN	EY HOU			7		20872				U.S.A		
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEOENT FORCES? 1	YES 2	ARMED	If yes,	DECENDENT OF HISP/ specify Cuben, Maxic	en, Puerto F		a or No—		E — American India k, White, atc.	n,
3 Widowed 4 Divor		IF YES, GIVE WA	R OR DATES		101	YES 2 X NO Spec	ity:			Spec	WHITE	
15, DECI	EOENT'S EOL	ICATION completed	16a.	DECEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-		College (1-4 or 5+)		life. Do NOT us	work done during se retired.)	most or working						
		4		HOMEMA	KER		D	OMEST	IC			
17. FATHER'S NAME (First, Mi						18. MOTHER'S N			Sumame)			
HARRY GOLDS				Date of the same			A COH					
19a. INFORMANT'S NAME (7) DAVID ULANO!		HUSBAND)				et and Number or Rura Y HOUSE C					20872	
20a, METHOD OF DISPOSITI			20b. PLA	CE ANO OAT	E OF DISPOSIT	ON (Name	DAT	E 20c. L	CATION -	- City or To		
1 A Burlel 2 Crematio		noval from Stata	KING	JOAVI	D MEMOR	RIAL GARD	EN 10	/8 FAI	LLS C	CHURC	H, VA	
21. SIGNATURE OF FUNERA	REMICELL	CENSEE			DANZ	ANSKY-GOL	DBERG	MEMO	RIAL	CHAI	PELS. INC	C.
tan	162	tagan				ROCKVILL						
23. PART I. Enter the di	seeses, or	compilections that	coused the	deeth. Do	not enter the	mode of dying, su	ich ss care	diec or resp	iratory a	rrest,	Approxima	
IMMEDIATE CAUSE (Fin		ciat orgy one caus	- on each	0 -							Onset and	
diseese or condition	+	. nel	asta	tie	Bre	ust C	are				mor	The
		DUE TO (OR AS A CON	SEQUENCE O								
Sequentielly list conditi	one.	b										
if sny, lesding to immed cause. Enter UNDERLYi	diate	DUE TO (DR AS A CON	ISEQUENCE O	PF):							
CAUSE (Diseeee or inju		C. DIJE TO	OR AS A CON	ISEOUENCE O	IF).					_		
that initieted events resulting in death) LAS	т	552 15 (UII 710 A 0011	OLOGENOL O							j	
		d				7					+	
PART II. Other eignifice	nt conditio	ns contributing to	leath but n	ot resulting	in the underl	ying ceuee given i	n Part I.	24a. WAS A	N AUTOPSY	241	. WERE AUTOPSY FI	
j								1 TYES			COMPLETION OF COMPLETION OF C	
											1 YES 2	NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				. PLACE OF DEATH (Check only o	ne)				
1 TYES 2 X NO		1 Inpatient 2	ER/Outpetlen	R 3 DOA	OTHER:	Home 5 X Residence	6 🗆 Othe	er (Specify)				
27. MANNER OF DEATH		28e. DATE OF I (Month, De		26b. TIR	ME OF 28c.	INJURY AT WORK?	28d. DE	SCRIBE HOW	INJURY O	CCURED		= 7/
	Pending Investigation				M 1	YES 2 NO						
	Could not be	28e. PLACE OF building, o	INJURY - A	t home, farm,	street, factory,	office		CATION (Street or Town, State		er or Rural	Route Number,	
4 Homicide	determined											
enel		SICIAN: To the best of o									(a) and manner as e	Anted.
296. SIGNATURE AND TITLE	OF CERTIFI	ER				29c. LICENSE N		,			D (Month, Day, Year)	1
10	YU	enna				D12	046	-		10/7/	91	
STEPHEN J.						ILLAGE AV	E	ATTHE	RSRIT	RG. N	m 20879	
31. DATE FILED (Month, Day,		32 REGISTRAL	R'S SIGNATUE	RE.			, 0			, 1	20019	
OCT 10 '	91	Julia Da	vidson-	Market 1								

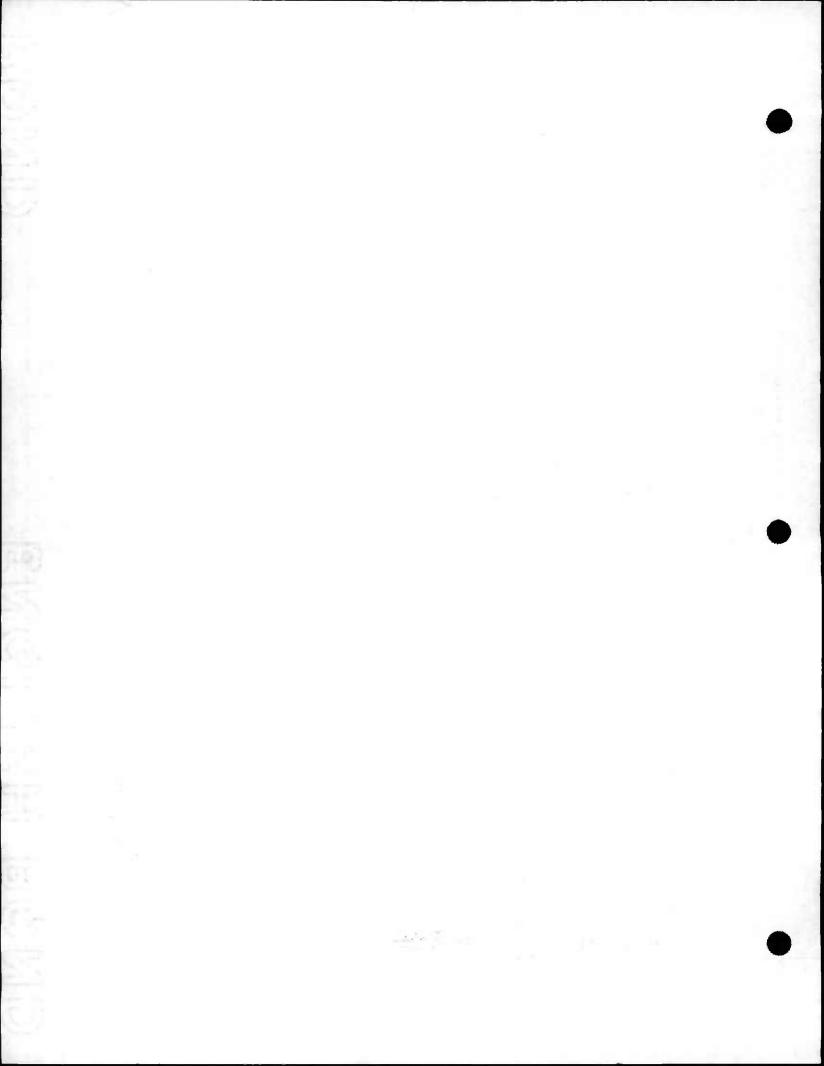
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1; 2) be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

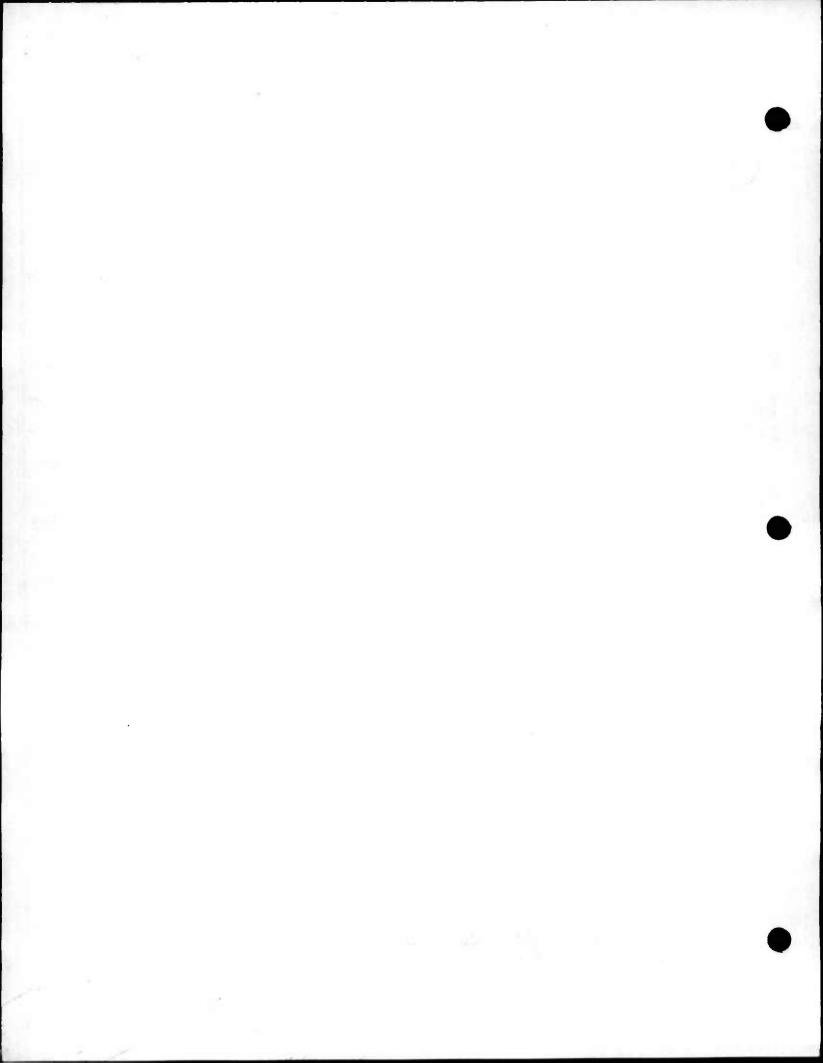
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

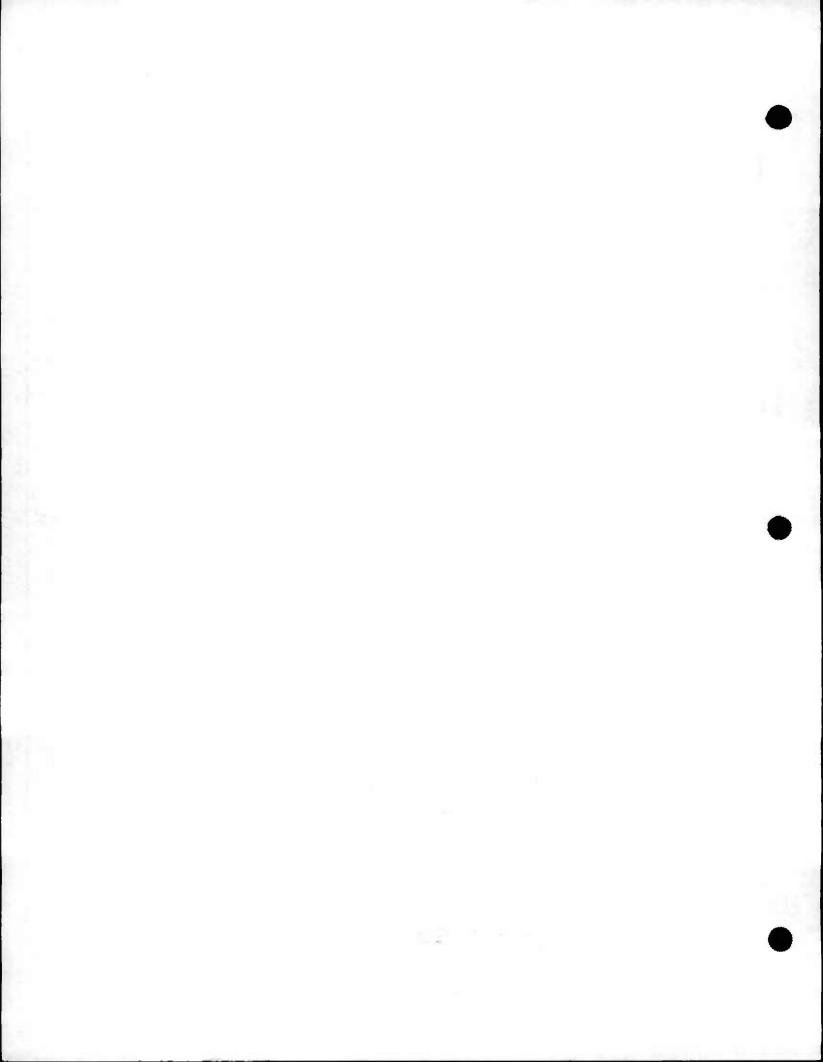
DHMH-16 Rev 1/89



1	1. DECEDENT'S NAME (First, Middle, Las	seph ROBERT	J. VOL	LAND			MY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. 9	BIRTHPLACE (State or Foreign
)	90. FACILITY NAME (If not institution, glm	1 2 M 2 🗆 F	82 YRS.	MONTHS DAYS	HOURS MIN.	02:06-	09	USA
CTOR	1500 Forest Gla		Spring	Md 2	OR LOCATION OF DI	EATH	MONTE!	
2 III.	RESIDENCE OF DECEDENT 10s. STATE 10b. COUN	ITY	10c. Ct1	Y, TOWN OR LOCA			11107	10d, INSIDE CITY
DIR!		ontgomery	Ro	ckville				LIMITS?
BAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNER	508 Waterway Tel	12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	20853 CENDENT OF HISPAR	NIC ORIGIN? (Specify Ve	s or No- 14, F	I.S.A RACE — American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify	n, Puerto Rican, etc.)		Black, White, sic. Specify: White
TED	15. DECEOENT'S EC (Specify only highest gra	DUCATION de completed)	(Give kind of	USUAL OCCUPATION Work done during mo	ON ost of working	16b. KINO OF BU	SINESS/INDUSTR	RY
COMPLETED	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	Adminis	se retired.)		D.C. Pu	blic Sc	:hools
CON	17. FATHER'S NAME (First, Middle, Last) Edward Volland	1				ME (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS /Stand	Johana	Sievers Route Number, City or Tow		
0	Robert H. Vollar	nd (Son)	500A-	Epping	Forest Ro	oad Annap	olis, M	D. 21401
	24s. METHOO OF DISPOSITION 1-1 Burlai 2 Cremetion 3 Ra 4 Donetion 5 Other (Specify)	moval from Stata 201	PATE AND DATE	OF DISPOSITION (NE	ame of		CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE I		<u> </u>			CHITY Sons,	ckville	•
	michae	lé. Mr	lam	5130	Wisconsin	n Ave., Wa	inc. N	.w. : 20016
	23. PART I. Enter the diseeses, or shock, or heert failure	complications that cause b. List only one cause on a	d the death. Do r	not enter the mo	de of dying, suci	h as cerdiac or respi	iratory arrest,	Approximete Interval Batwe
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. INTE	STINA	LOB	STRUC	TION		Onset and De
2		CANCI	SN N	ECTO-	(16-140	10 (01)	211	111
-	Commission to the second		-		11000	000		16 MO
ATIO	Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	n:	110000	000		6 MO
IFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	n:				6 Mo_
RTIF	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	A CONSEQUENCE OF	n:				6 Mo_
AL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A d. ons contributing to death b	A CONSEQUENCE OF	n: n:			AUTOPSY	
EDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A d. ons contributing to death b	A CONSEQUENCE OF	n: n:		Part I, 24s. WAS AN	AUTOPSY (NED).	240. WERE AUTOPSY PINONO AWALABLE PROOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIF	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A d. ons contributing to death b	A CONSEQUENCE OF	n: n:		Part I. 24s. WAS AN PERFOR	AUTOPSY (NED).	AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIF	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions the condition of the cause of the ca	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF	in the underlying CONNY UCH Soft MY 34 PL OTHER:	G CHUBE GIVEN IN O 1 J CAN CO LO 1 L 1 GO ACE OF DEATH (Che	Part I. 244, WAS AN PERFOR 1 YES 2	AUTOPSY (NED).	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the case refrenced to medical eleaniness. 25. WAS CASE REFERENCE TO MEDICAL ELEANINESS. 1 YEB 2 NO	DUE TO (OR AS A DUE TO (OR AS A at. DIE TO (OR AS A A) DIE TO (OR A	CONSEQUENCE OF	in the underlying CONNY UUN JOHN OTHER: 4 II Nursing Hom E OF 28c. INJ	Columne given in Columnia Grant Colu	Part I. 244, WAS AN PERFOR 1 YES 2	AUTOPSY NEDZ.	AMALABLE PROOF TO COMPLETION OF CAUSE OF DESTREY 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS A d. DUE TO (OR AS A d. DISCONTINUED TO (OR AS A DI	A CONSEQUENCE OF	on the underlying CONNY CONNY CONNY STATEMENT A D Number Beauty MOTHER: WO 1 D 1	G Cause given in O I SENSO O L 1 9 ACE OF DEATH (Cho E 5	Part I, 24s. WAS AN PERFOR 5 YES 2 YES 2 Office only one).	AUTOPBY INED). NO	AMALABLE PROOF TO COMPLETION OF CAUSE OF OSATIVIT 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of the conditions of the cause	DUE TO (OR AS A d. DUE TO (OR AS A d. DIE TO (O	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A COLD AND A COLD A COLD A COLD A COLD A COLD A COLD A COLD A COLD A COLD A COLD A COLD A COLD A COLD A	on the underlying CONNY CONNY CONNY STATEMENT A D Number Beauty MOTHER: WO 1 D 1	G Cause given in O I SENSO O L L 9 ACE OF DEATH (Cho E S Residence O REY AT RES 2 NO	Part I. 244, WAS AN PERFORM 1 TYES 2	AUTOPBY INED). NO	AMALABLE PROOF TO COMPLETION OF CAUSE OF ORATHY 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the c	DUE TO (OR AS A d. DUE TO (O	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A COLD AND A CONSEQUENCE OF A COLD AND A CONSEQUENCE OF A COLD AND A CONSEQUENCE OF A COLD AND A CONSEQUENCE OF A CONSEQUENCE	in the underlying CONNY STOWN STOW	G Cause given in ACE OF DEATH (Che S TRINGHERS UNITY AT FRES 2 NO	Part I. 24a, WAS AN PERFOR 1 VES 2 1 VES 2 1 Other (Specify) 28d, DEPCRIBE HOW II 28f, LOCATION (Steel a City or Specif, State)	AUTOPSY MED7. NO NJURY OCCURES	AMALABLE PROOF TO COMPLETION OF CAUSE OF OSATIVIT 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS A DUE TO (OR AS A d. DIS Contributing to death b PUCULU OR	a CONSEQUENCE OF A CONS	in the underlying CONNY IFO WY TOTHER: 4 Nursing Hom E OF 28c. in 10 11 11 treet, factory, office d at the time, date	G CHURSE given in O C JONE LO L 19 ACE OF DEATH Che S I Residence URY AT RES 2 NO and place, and due	Part I. 24a, WAS AN PERFOR 1 TYES 2 TYES 2 THE OTHER (Specify) 28d, DESCRIBE HOW III ONLY OF Sweet, State) to the cause(s) and man	AUTOPSY NO NJURY OCCUREE and Number or Ru	AMALABLE PROOR TO COMPLETION OF CAUSE OF DESTRIP 1 YES 2 NO NO PROVIDE NUMBER NO PROVI
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are set of the conditions of	DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A	a consequence of a cons	in the underlying OTHER: 4 II Numing Home E OF 28c. INJ UNY M 1 1 1 treet, fectory, office d at the time, date n, in my opinion, do OTHER: OTHER: I PLUS	G CHURSE given in O C JONE LO L 19 ACE OF DEATH Che S I Residence URY AT RES 2 NO and place, and due	Part I. 24a. WAS AN PERFOR I TYES 2 T	AUTOPSY NO NJURY OCCUREE and Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF OSATH! 1 YES 2 NO THE ROUTE Number Se(s) and manner as stated
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A	a consequence of a cons	in the underlying OTHER: 4 II Numing Home E OF 28c. INJ UNY M 1 1 1 treet, fectory, office d at the time, date n, in my opinion, do OTHER: OTHER: I PLUS	and place, and due	Part I. 24s. WAS AN PERFORM 1 YES 2 25 YES 2 26c only one; (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (School a City or Sewin, State) to the cause(s) and man time, data and place, and BER 2 MAL	AUTOPSY NAO NJURY OCCURED and Number or Rai	AMAR. ARILE PROOF TO COMPLETION OF CAUSO OF ORATHY 1 YES 2 NO THE Route Number Be(s) and manner as stated HES (Month, Day, Next)



	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		OF DEAT		REG. NO.	E 9	1 2	9230	
	1. DECEDENT'S NAME (First, Middle, Last) JAMES	WEBER	=55			C	DATE OF DEATH DA	¥, 19	91	5:10 P. M	
(P)	4. SOCIAL SECURITY NUMBER 578-09-0284 9e. FACILITY NAME (If not institution, give str	1 XM 2 - F	72 YRS.		AYS HOURS	MIN.	ON 13,19		Country)	ace (State or Foreign	
CTOR	11408 Rockbridge				er Spri		н	111	tgome		
Serven H	10e. STATE 10b. COUNTY Maryland Montgo	omerv		ver Si						DI. INSIDE CITY LIMITS? YES 2 NO	
burial-transit permit.	100. STREET AND NUMBER 11408 Rockbridge				101. ZIP CODE 2090				S.A.	AT COUNTRY?	
	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 V IF YES, GIVE WAR	ER IN U.S. ARMED YES 2 NO OR DATES	If ye	B DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yee Puerto Ricen, etc.)				
once. COMPLETED BY	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENTS (Give kind of life. Do NOT a	work done duri use retired.)	JPATION ng most of working	g	16b. KIND OF BUS		Stor	·e	
2 to 111	17. FATHER'S NAME (First, Middle, Last) Mohr Weber					nie P	(First, Middle, Msiden				
e 5 sho	190. INFORMANT'S NAME (Type/Print) Leah Weber (wife	e)					nte Number, City or Tow Silver Sj			20902	
must be	20e. METHOD OF DISPOSITION Duriat 2 Cremetion 3 Remo Donation 6 Julier (Specify)	A	20b. PLACE AND DAT Of cemetary cremator Ohev Sholo	re of disposi y or other place om—Tali	ITION (Name e) mud Tor	ah j	1	ash.,	D.C.	n, State	
d in by the funeral director, or removal. medical examiner must	21, SIGNATURE OF THE SERVICE LICE	新. 上	ie	Dan		Go1db	oerg Memor Pike; Roc		_		
pletely file cremation, ent, the	23. PART I. Efter the disease or contact, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause	on each line.	0				iratory arr	reat,	Approximate interval Batween Onset and Dasth	
nding physician and Hygiene prior to bur or other traumatic	disease or condition resulting in dasth) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
ed by the th and Me any inju	PART II. Other algnificant conditions	contributing to dec	ath but not resulting	in the unde	riying cause g	given in P	ert I. 24a. WAS AN PERFOI 1 TYES 2	RMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
has been signed to bept, of Health a m 23 shows any IAN: MEDIC				340					1	YES 2 NO	
certificate has be the state Dept. 1, or Item 23 s. HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpetient 3 DOA	OTHER:	26. PLACE OF D	- 5	Confy one)				
The state of	27. MANNER OF DEATH 1 25. Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,)		JURY	Bc. INJURY AT WORK?	601	28d. DEŞCRIBE HOW	INJURY OC	CURED		
DIRECTOR: After hours after death Item 28 is mai	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)	, street, factory	, office		28f. LOCATION (Street City or Town, State)	and Numbe	r or Rural Rou	ute Number,	
UNERAL DIRECTION 72 HOURS ANT: If Item	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSIC ONE) 2 🗆 MEDICAL EXAMINED									and manner ee stated.	
TO THE FUNERAL D be filed within 72 hc IMPORTANT: If It TO BE COMP!	29b. SIGNATURE AND TITLE OF CERTIFIER	ugh M	2)		29c. LICE D (f	133	FP he,			Month, Day, Year) 5, 1991	
+11	JASON GEIGER, M.				#503; S	ilver	Spring,	Md.	20910		
	31. DATE FILED (Month, Day, Year) OCT 15 '91	BEGISTBAR'S	SIGNATURE Aca Adarda R								



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	om 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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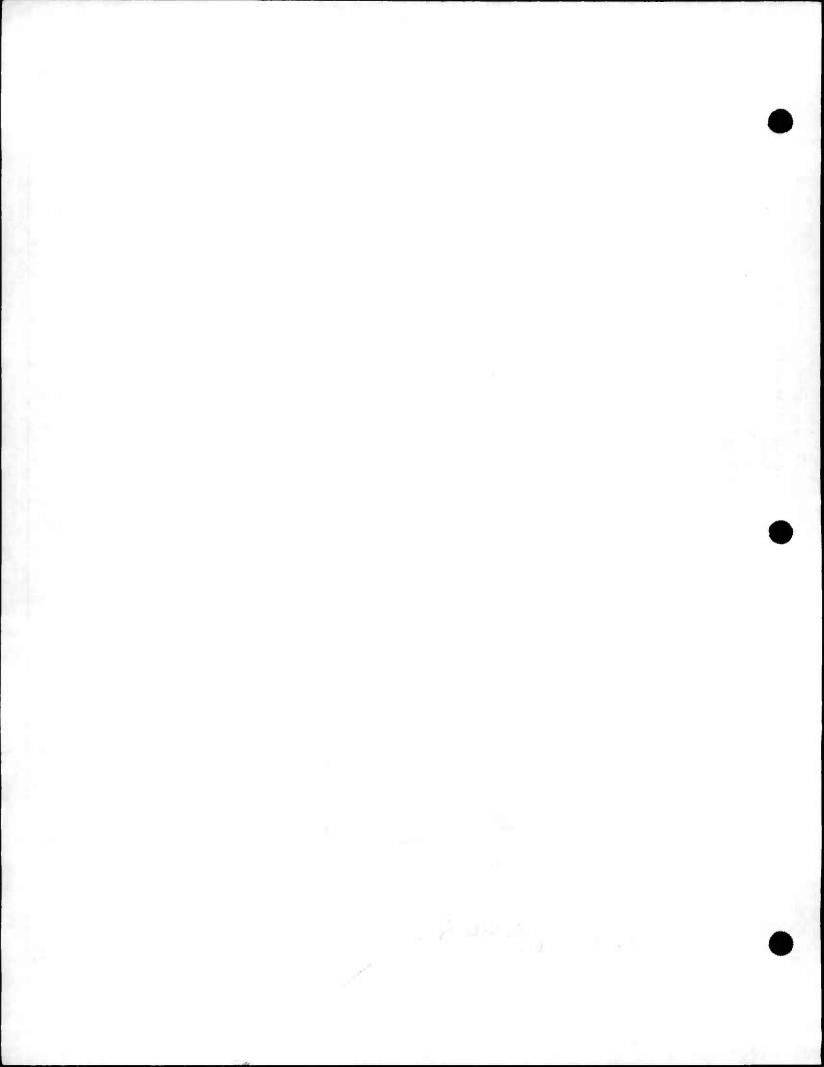
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								9	1 29231
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA				MENTAL HYG		
		ary Kail W		IOATE		DEATH	2. DATE OF DEAT	Н	3. TIME OF DEATH
\	mary kail W	OIFE	(In yrs. last birthday)	T st thints	Augus I		10 1	2 91	2015 M
)	- 0 /	M 2 F	(in yrs. last birthday)	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	124	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street			9b. CITY	, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH
뜽	Shady Grove Ad	ventist Ho	spital	RO	cku	1:110,1	Md 208.	50 Mon	tsomery
2	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN (OR LOCATI	ON			10d. INSIDE CITY
DIRE	Md mont	rgomery		Be-	the:	3da			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	1 5/00	/		101.	ZIP CODE	/	10g. CITIZEI	N OF WHAT COUNTRY?
¥	11. MARITAL STATUS 12	2. WAS DECEDENT EVER	IN U.S. ARMED	13.	WAS DECI	ENDENT OF HISPAN	I/C ORIGIN? (Specif	ly Yea or No 14	B. RACE — American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO		If yes, spe	city Cuban, Maxica 2 NO Specify	n, Puarto Rican, ato		Specify: White
<u>n</u>	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION repleted)	16a. DECEDENT	S USUAL O	CCUPATIO	N et of working	16b. KIND O	F BUSINESS/INDUS	TRY
		College (1-4 or 5+)	(Give kind of life. Do NOT Libra:	,			Floor	a de al a co	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LIUIA	LIan		18 MOTHER'S NA	ME (First, Middle, M	ation	
	Ira J. Kail						a Bovie	aloui ouriane)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Thomas B. Wolfe							or Town, State, Zip Co	
	20a. METHOD OF DISPOSITION	1 2	0b. PLACE OF DISP			St., Be		MD 208	
	1 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	I from Stata	Mt. Comf	ort C	rema	tory 1	.0/14	Alexandr:	· illi- it is in it.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22.	NAME AN	p address of FA h Gawler	CILITY	Inc	
	- Muchaul E	Mela							gton,DC 20016
	23. PART i. Entar the diseesas, or com shock, or heert fallure. Lis	plications that cause t only ona ceuse on	ed tha daath. Do eech ilna.	not antar	tha mo	da of dying, suc	h es cerdiac or	reapiretory arrea	t, Approximata intarvai Between
	IMMEDIATE CAUSE (Final disease or condition	h	- X	2.44	6.00		2. 10	2.007	Onsat end Daath
	resulting in dasth)	DUE TO (OR AS	A CONSEQUENCE		AKCI	NOMA O	FTANA	* All	I YK
Z	Sequentially list conditions, b								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):					
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					
E	reaulting in death) LAST								
T. 1	PART ii. Other algnificant conditions of	ontributing to death	but not resulting	in the u	ndariying	cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								RFORMED? ES 2 NO	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
핗								Λ	1 YES 2 NO
Ä.	AS NEG 0105 DESCRIPTION OF NEGOTIAL								
200		IOSPITAL:	deathers 2 POA	OTHE	R:	ACE OF DEATH (Ch			
Ĭ.	27. MANNER OF DEATH	28a. DATE OF INJURY	Y 28b. T	ME OF	28c. INJ			OW INJURY OCCU	RED
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)		M		RK? 'ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm pecify)	, street, fac	tory, office		28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only	IN: To the best of my kno	owledge, death occu	rred at the	time, data	and place, and due	to the cause(a) an	d manner sa stated	i.
OM	one)	- DOLLAND BY THE							cause(a) and manner as stated.
BEG	29b. SIGNATURE AND TITLE OF CERTIFIER	3.				29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
10	30 NAME AND ADDRESS OF PERSON WHO C	COMPLETED CHISE OF	DEATH OTEM 27 (Te	no Deine)		D07	262	10	13/9)

DHMH-18 Rev 1/89

1.1	REGISTRAR				F HEALTH AND OF DEATH		REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	Eulene	Shari Wa	T		Octo	ber 1		2	ME OF DEATH
- 3	338–28–6700	5. SEX 6. A	GE (In yrs. last birthday) 58 YRS.	MONTHS DA	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE (Monit	of BIRTH th, Day, Year) . 26,		BIRTHPLAC Country) Illin	E (State or Foreig Ois
	. FACILITY NAME (If not institution, give 1832 Drummond Av			2 2	wn on Location of y Chase	DEATH		Monto	of DEATH	V
10s	esidence of decedent a. STATE 10b. COUNT	IA	10c. Cl	TY, TOWN OR L	0.10				10d.	INSIDE CITY
- 1		gomery	Ch	evy Cha	ase					LIMITS? YES 2 (X) NO
≤	e street and number 4832 Drummond Av	ionuo.			10f. ZIP CODE	0815		10g. CITIZEN		
	MARITAL STATUS Never Married 2XX Married Wildowed 4 Diverced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If ye	DECENDENT OF HISF a, specify Cuban, Mex YES 2 XNO Spe	ANIC ORIGI				
	15. DECEDENT'S ED		16a. DECEDENT'S	work done durin	PATION ng most of working	16	. KIND OF BU	SINESS/INDUST		6
	Elementary/Secondary (0-12)	College (1-4 or 5 +) 6+	Teach	His Total			Flamon	tary S	chool	
17.	FATHER'S NAME (First, Middle, Last)	<u> </u>	reacii	CI	18. MOTHER'S				CHOOL	_
יון אי	Harry Rattner					ie Co				
O 196	Melvin W. Wachs				nd Avenue					_
200	a. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSI	TION (Name	, CHE		SE, MD		
4.0	☐ Buriel 2 (X Cremetion 3 ☐ Rei ☐ Donetion 5 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE L		Suburban (DIY		-14Sil	ver Spr	ring,	Maryl
	Deller 3. PART I. Enter the diseases, or	W. Ra	red the death. Do	Rap 933	p Funeral Gist Ave	Serv	Silver	Sprin	a. MD	2091(
dire	MMEDIATE CAUSE (Finel leese or condition seulting in death)	DUE TO (OR)	nt Thymoma as a consequence of	OF):						Interval Be Onset and 2 YTS
FICATI	eny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat initiated events ssuiting in deeth) LAST	c	AS A CONSEQUENCE (
- II										
<u>₹</u>	ART II. Other eignificent condition	one contributing to dea	th but not resulting	In the unde	rlying cause given	in Part I.	24a. WAS AP PERFO 1 YES	RMED?	COM OF E	LABLE PRIOR 1 IPLETION OF CO DEATH?
۳ <u>کا</u>	ART II. Other eignificent conditions to the condition of	HOSPITAL:		OTHER:	riying cause given 26. PLACE OF DEATH. 9 Home 5 (Resident	(Check only o	PERFO	RMED?	COM OF E	E AUTOPSY FIN LABLE PRIOR TI IPLETION OF CA DEATH? YES 2 NO
PHYSICIAN: MEDICAL 25.	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO MANNER OF DEATH 1X Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/ 26e. DATE OF INJU	Outpatient 3 DOA	OTHER: 4 Nursing ME OF 28	28. PLACE OF DEATH	(Check only c	PERFO	RMED?	AVAI COM OF E	LABLE PRIOR T IPLETION OF CA DEATH?
ED BY PHYSICIAN: MEDICAL	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2/XNO MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/ 26a, DATE OF INJU (Month, Day, Ye)	Outpatient 3 DOA DRY 28b. Ti PRY Al home, farm	OTHER: 4 - Nursing ME OF JURY M	26. PLACE OF DEATH. 7 Home 5 XResident 10. INJURY AT WORK? 1 YES 2 NO	(Check only of ca 6 □ Oth 28d. Di	PERFO	RMED? 2 (X NO INJURY OCCUP and Number or	A/AI COM OF E	LABLE PRIOR 1 PLETION OF CA
ED BY PHYSICIAN: MEDICAL	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2/(XNO MANNER OF DEATH 1X Natural 5 Pending Investigation 3 Suicide 8 Could not b determined 1 Homicide Certifier Check only 1 XCERTIFYING PHY	HOSPITAL: 1 Inpetient 2 ER/ 26a. DATE OF INJU (Month, Dey, Ye) 26a. PLACE OF INJ	Outpatient 3 DOA JRY 28b. Ti par) 1987 JURY — A1 home, farm Knowledge, death occur	OTHER: 4 Nursing ME OF 28 JURY M . street, factory	26. PLACE OF DEATH Thome 5 Residence C. INJURY AT WORK? I YES 2 NO , office	(Check only of 28d. Dt 28d. Dt 28d. LO Check only of 28d. Dt 28d. Lo Check only of 28d. Lo Check only only only only only only only only	PERFO 1 YES: or (Specify) SCRIBE HOW CATION (Street y or fown, State	RMED? 2 (X NO INJURY OCCUP and Number or)	AAAI COM OF 1 1 □	LABLE PRIOR Y IPPLETION OF CA SEATH? YES 2 N
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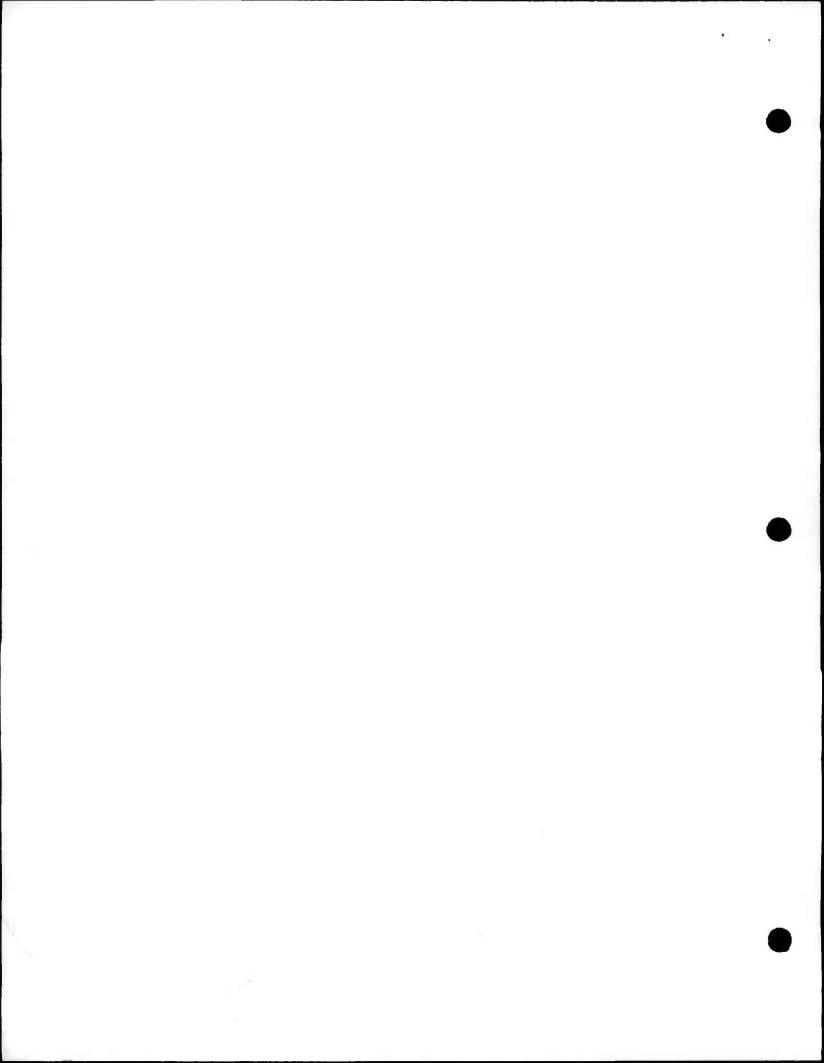


FOR STATE REGISTRAR

			HEGISTHAH		CE	HITT	AIE OF	DEATH	RI	EG. NO.			
0			1. DECEDENT'S NAME (First, Middle, Last) Weaver, F	Albert	H	J	r.		2. OATE OF O	DAY/	- 9"	3. 1	OB AM
	(n	1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lasi	M	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day		8.	BIRTHPLAN Country)	CE (State or Foreign
	G P		421-01-6882	1 X M 2 K F	69	YRS.		74.05	Jan.			Alab.	
100		/ _e	9e, FACILITY NAME (If not institution, give s	street and number)	. /	1 9		OR LOCATION OF DE	ATH		9c. COUNTY		
Ir:	2, 3	ē	RESIDENCE OF/DECEDENT	e HOSA	DITa.		Rockvi	llle			Mont	gome	ry
house a	- 2	DIRECTO	10e. STATE / 10b. COUNT	Y		10c. CITY, 1	TOWN OR LOCA	ATION				10d	. INSIDE CITY LIMITS?
	E.	늄	Md. Fred	erick		Ij	jamsvil	le				10	YES 2 XNO
	E S	AL	10e. STREET AND NUMBER				10	of. ZIP CODE			OF WHAT	COUNTRY?	
ė	TS.	FUNERAL	2719 Lock Haven D	rive				21754			U.	S.A.	
e in	burial-tra	5	11. MARITAL STATUS 1 Never Merried 2 X Married	12. WAS DECEDENT EV FORCES? 1	YES 2 N	MED		CENOENT OF HISPAN pecify Cuban, Mexica			or No— 14.	RACE - A	Americen Indien, ilte, etc.
314	p p	BY	3 Widowed 4 Divorced	World War	OR DATES		1 TYE	S 2 NO Specify	r.			Specify:	White
21203-3146	as the		15. DECEDENT'S EDU	CATION	16a, DE	CEOENT'S US	SUAL OCCUPATI	ION	16b. KIN	D OF BUSI	NESS/INDUS	TRY	
<u>N</u> 5	2	COMPLETED	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	(Gi life.	ve kind of wor Do NOT use i	rk done during m retired.)	nost of working					
	99	릴		3	Na	val Ar	chitec	t	Shi	ip Bu	ildin	g	
AND the hosp	detached once.	Š.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8 %	BE (Albert Harvie We	aver				Mattie	Ola Be	erryh	111		
MARYL be retained by		5	190. INFORMANT'S NAME (Type/Print) Mary O. Weaver					and Number or Rural I					4
# §	@ @		20e. METHOD OF DISPOSITION 1 Burlet 2 \(\text{D} \) Cremation 3 Rem	oval from State				emetery, crematory or			ATION CIT		
MO Page 6	director, p		4 Donetton 5 Other (Specify)		Metro	polit		ematory	D 17		kandr:		
ALTIN death. Pa	tuneral dir i. examiner	1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE // //	7		1	and address of fa					
MA S	0 = 0		Som -	A DO			10 E	ast Deer	raik i	Jr. G	artne	208	
13146, executed within 2 and 2	sician and completely filled in by the prior to burial, cremation, or remove traumatic event, the medical		23. Port I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on each line	fai	lue	ode of dying, auc	h ss cerdlec	or respire	atory srres		Approximets Interval Batween Onset and Dasth
13146,	d con vurial, tic e	z		b									
	ian ar	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF):							
	e prio	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	AS A CONSE	NIENCE OE							
o g	ding phy lygiene p	Ë	that initieted evente resulting in death) LAST	50E 10 (0h	AS A CONSE	DOENCE OF J.							
o. f	the attendi Mental Hy Njury, or	G		d									
CORDS,	ned by the ath th and Menta any Injury,		PART II. Other algnificant condition	ne contributing to de	eth but not r	esulting in	the underlyli	ng ceuse given in	Part I. 24s	. WAS AN A			RE AUTOPSY FINDINGS
ORI	signed the Health and	MEDICAL	Houte Se	enous		4			10	YES 2	_ NO		MPLETION OF CAUSE DEATH?
	en sign of Heal	ME	Conegotu	e Hout								1[YES 2 NO
E 10	has been Dept. of I	ä	- Myrcan	deal infa	u to	29							
VITAL	State D	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	PLACE OF OEATH (Ch	eck only one)				
> NAI	certificate the State	PHYSICIAN:	1 YES 2 NO	1 Impatient 2 I EF		DOA 4	-	ome 5 Residence	6 Other (Sp 28d. DESCRI		##BV 000##	DED.	
VISION OF VITAL	After this colleath with a		1 Netural 5 Pending	(Month, Day,		INJUI	RY W	YES 2 NO	200. DESCRI	DE HOW IN	JUNT OCCU	NED	
NO	: After r death	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN		me, ferm, atr	eet, lectory, off	lice	281. LOCATIO		nd Number or	Rural Route	Number,
DIVISION	DIRECTOR: After hours after death Item 28 Is ma	TED	4 Homicide determined	building, atc.	. (Зреспу)				City or 10	wn, Stete)			
5	DIRE	COMPLET	29e. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, de	ath occurred	st the time, da	te end place, end due	to the couse(e) and manr	ner ee steted		
Tue uncontain	ERAL In 72	M	one) —	ER: On the basis of exam									d menner ee stated.
000	HIAN	E C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER /	A			29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (MC	onth, Day, Year)
7	TO THE FUNERAL DE filed within 72 h	00	Oblest 2	1200	no			293	00		D 10	/X/	191
		2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE	OF DEATH (ITE		0 1				1		11 20850
/	クナー		Robert L.	5010	1527	-5 8	clady	Grow	2 Rev	rol.	floc	Rvel	Be, Md
			31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	602)					7
		- 1	NCT 15 'Q1	dimeninal di	THE PERSON NAMED IN	-							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

29233



to

30. NAME AND ADDRESS OF PERSON
MICHAEL A.

⁷91

31. DATE FILED (Mornth, Day, Year OCT 16

MOSKEWICZ

32. REDISTRAR'S SIGNATURE
Julia Davidson-Randoll

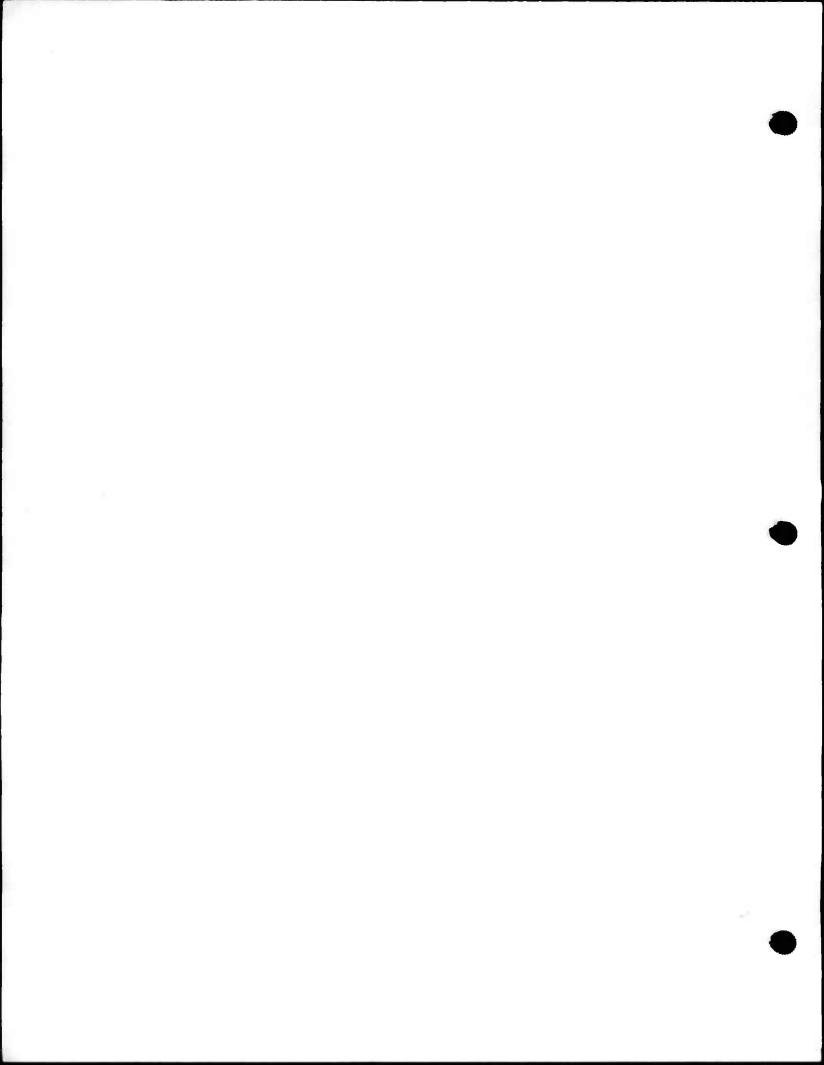
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

													91	6	292	34	
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.																	
	1. DECEOENT'S NAME (First,								2. DATE	OF DEATH		YEAR		IME OF DEAT	ГН		
	TUA		Wenten				WIOCEII			10			Cy /	1:	50 1	4 M	
	4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE (In yrs. lest birth			(ay) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLAC	E (State or Fo	oreign	
	213-14-755	57	1□ M 2√√F 80			MONTHS DAYS HO			MIN.	(Monti	Day, Year)	Count		Land			
7	9s. FACILITY NAME (If not ins				9b. CITY, TOWN OR LOCATION OF DE			12/23/1910			Maryland						
DIRECTOR	Mallard Ba					Cambridge				Dorcheste							
5	RESIDENCE OF DEC	10b. COUNTY	=		40. 007	CITY, TOWN OR LOCATION					104 INC						
2			chester			,									INSIDE CITY		
	Maryland		Cambridge										XyES 2 🗌	NO			
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODI		10g. CITIZEN OF WHAT COUNTRY?										
E	811 Locust Street					216							US				
3	11. MARITAL STATUS	11. MARITAL STATUS			MEO	13.	WAS DEC	ENDENT OF HISPANIC ORIGIN			? (Specity Yes	or No-	14. RACE — American Indian,			len.	
BY FL	1 Never Married 2 3 XWidowed 4 Divor		FORCES? 1 IF YES, GIVE W	φ	If yes, specify Cuban, Mexico 1 YES 2XXXIO Specifi							Specify: White					
	15. DECI	EDENT'S EDUC	ATION	CEOENT'S	ENT'S USUAL OCCUPATION				18h	INFSS/INC	MOLISTRY						
COMPLETED	(Specify only		(Give kind of work done during most of working						18b. KINO OF BUSINESS/INOUSTRY								
الت	Elementary/Secondary (0-	-12)	College (1-4 or 5+)	Sea	Seamstress											
ž	4				Dea	IIID C	105										
8	17. FATHER'S NAME (First, Mi							16. MOTI			Aiddle, Maiden						
BE (Tommie Ir	nsley							Ve	rgie	Abbo	ott					
	19e. INFORMANT'S NAME (7)	De. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Root									ite Number, City or Town, State, Zip Code)						
2	Billy Wrot	en			-132	2 H	udso	on R	load	Car	brid	ge,	Md.	2	1613		
	20s. METHOD OF DISPOSITI	ON	n S1322 Hudson Road Cambridge, Md. 21613														
	tyEyBuriel 2 ☐ Crematio	Tyberial 2 Cremetton 3 Removal from State Commetton 5 Other (Specify)															
1	AIGE WD.																
	1/	1/ mhomas Funoral Home															
	K Inc	Recett R Thomas 7, 700 Locust St. Cambridge, Md. 21613															
Ť.	23. PART I. Enter the di	seases, or c	omplications that	t caused the de	eth. Do									1	Approxim		
	ahock, or heart failure. List only ona cause on each line.													- 1	Interval B	Between	
	IMMEDIATE CAUSE (Fine)										0			- }	Onaet an	d Death	
	disease or condition resulting in deeth) a. Advanced organic Braine syn Due to (or as a consequence of):									your	lione				YETHE	2	
	A 1/2 C													- 1			
z	Sequentially list conditions, If any, leading to immediate b. Atherosclausus DUE TO (OR AS A CONSEQUENCE OF):														UEAL	25	
CERTIFICATION																	
8	cause. Entar UNDERLYI	cause. Enter UNDERLYING										_					
트	CAUSE (Diseese or injury that initieted events OUE TO (OR AS A CONSEQUENCE OF):																
	resulting in death) LAS	T												- [
8																	
اب	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN																
2	i .										PERFORMED?			AVAILABLE PRIDR TO COMPLETION OF CAUSE			
								-		_	I I TES 2	NO			DEATH?		
Σ	24. WAS ANTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. INJURY AT WORK? 29. DATE OF INJURY OCCURED												1 [YES 2 _	NO		
z																	
8	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOODITAL					ACE OF D	DEATH (Ch	eck only o	Ne)						
S	HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)																
主	27. MANNER OF DEATH	28s. DATE OF	AE OF	OF 28c, INJURY AT 28d, DE			28d. DE	ESCRIBE HOW INJURY OCCURED									
		Pending	(Month, D	IN	INJURY W		ORK? YES 2 NO			-							
B	A D ACCIDENT	Investigation	38a PLACE O	7 120 2 100													
COMPLETED	3 Suicide 8 4 Homicide	stc. (Specify)	city) 25						28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
ш													_				
교	29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cau										use(s) and ma	nner ss ste	ted.				
S	one) 2 MEOI	CAL EXAMINE	R: On the basis of s	xamination and/or	Investigati	on, In my	opinion, d	leath occu	red at the	tims, dete	end place, ar	d due to t	he cause	(s) and	i menner es	stated.	
	29b. SIONATURE AND TITLE	OF CERTIFIER	η .					29c. LIC	ENSE NUI	MBER		29d. DA1	E SIONE	BIONEO (Month, Day, Year)			
BE	Wirbarl a.	incharla. Hos Bours												► 10/13/9/			
2	30. NAME AND AGORESS OF	E PERSON WH	COMPLETED CALL	SE OF DEATH (ITE	M 270 /Ten	e Point		-	.00	- /			- 1 - 0				

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21613

BYEN St. CAM BEIDGE MO.



TO BE COMPLETED BY FUNERAL DIRECTOR

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exe	n an	4 -0
De De	icia	200
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 mai	his certificate has been signed by the attending physician and completely filled in by the funeral director, p	diaming n
death	e atter	Loud
the ch	#	7
hat	5	200
uires t	signe	Lingleh
Teg.	een	900
WE SW	has t	Dane
Ĕ	cate	Santa
SICIAN	certifi	oh- c
H	his	40,00

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	29
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. 1

REGISTRAR				CERTIFI	CATE O	F DEATH		REG. NO).			
1. DECEDENT'S NAME (First,							2. DAT	E OF DEATH		YEAR	3. TIME OF DEAT	ГН
MICHELLE		Lynn			YCKOF	F	10				5:00	Р
4. SOCIAL SECURITY NUMBER 216 19 802		5. SEX	8. AGE (In yrs	s. last birthday)	MONTHS DAY		(Moi	E OF BIFTH		Country	PLACE (State or Fo	oreign
Da. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF	May	y 29,	19/2		yland	
CALVERT A	MEMOR	IAL HOSE	PITAL			CE FRED		K		VEF		
Maryland	Calv	ert		HUn	tingt	OWN					10d. INSIDE CITY LIMITS? 1 YES 2	
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZE		HAT COUNTRY?	
515 Breez	y Kno	ll Lane				2063	9			U	SA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	NO	If yes,	Specify Cuben, Mexics 2 NO Specify No	can, Puarto	IN? (Specify Ye Ricen, etc.)	a or No — 1		- American Indi White, atc. White	
15. DEC (Specify only	EOENT'S EDU	CATION completed)	16e.	. OECEDENT'S U	ISUAL OCCUPA	TION most of working	16	66. KIND OF BU	SINESS/INOU	STRY		
Elementary Secondary (0		College (1-4 or 5 +)		life. Do NOT use	retired.)							
7. FATHER'S NAME (First, MI	iddle. Last)			eller	bank		AME CEL	Banki				
obert Kei		ckoff				II. MOTHER'S N				, ,		
190. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (Street	Louis of end Number or Rura	Route No	nber City or Tou	n State Zin C	LIV	an	
Robert K.	Wyck	off			e as			,, 104	, 0.0.0, 240 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20e. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State	20b.PLA	CEANDDATEO	FOISPOSITION	11		7 9 10c. LC				
Donetion B Other 21. SIGNATURE OF FUNERAL		ENCE	Met	торот				ryice	Alexa	andr	ria Vi	rgi
1 5kg	5.5	H				5 Broom	ACILITY	Rau	sch I	Time	ral H	ome
disease or condition reculting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuints initiated events resulting in deeth) LAST	flete NG ry			ISEQUENCE OF:		Nes.						
PART II. Other significer	nt condition	s contributing to d	eath but no	ot resulting in	the underly	Ing cause given in	Part i.	24e. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FI	NOINGS
								PERFOI YES 2	RMED?	1 8	WAILABLE PRIOR COMPLETION OF C	TO
								TES .	NO		YES 2 1	10
								ļ			~ "	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL				PLACE OF OEATH (C	hack only o	one)				
EXAMINER? YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER: I 🗌 Nursing He	ome 5 🗆 Residence	8 🗆 Oth	er (Specify)				
7. MANNER OF DEATH		28e. DATE OF IN (Month, Day)	Year)	28b. TIME INJUI		NJURY AT YORK?	28d. DE	SCRIBE HOW	NJURY OCCU	RED	AUTO	
	Pending nvestigation	10/13/	/1991	4:3	Opini ₁□	YES 2 X NO	DRI	VER I	N AUT	ro/	IMPAC	т
	Could not be	28e. PLACE OF building, et	INJURY — At c. (Specify)	t home, ferm, str	eet, factory, of	fice	28f. LO	CATION (Street or Town, State)	and Andhala	EKS1		RO
	-			PUBLI			# 2	& MC	UNT	HARN	MONY R	OAD
9e. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of m	ry knowledge, mination end/	, death occurred for investigation,	at the lime, de	its end place, end du , death occured at Ih	e to the ce O W	ENING	S MA	ARYI	AND	ated.
96. SIGNATURE AND TITLE			1			29c. LICENSE NU					Month, Day, Year)	
O. NAME AND ADDRESS OF	N.	11. C	hut	1 mm)		O.C.M	.Е.				1991	
			111	PENN	STRE	ET BAL	TIMO	ORE, M	ARYL	AND	21201	
11. DATE FILEO (MONTH DAY)	6 199	32. RIGISTRAR	SSIGNATURI	Dand DO								
001	L V IVJ	TUNDU	WITE CANAL	-Marian	-							

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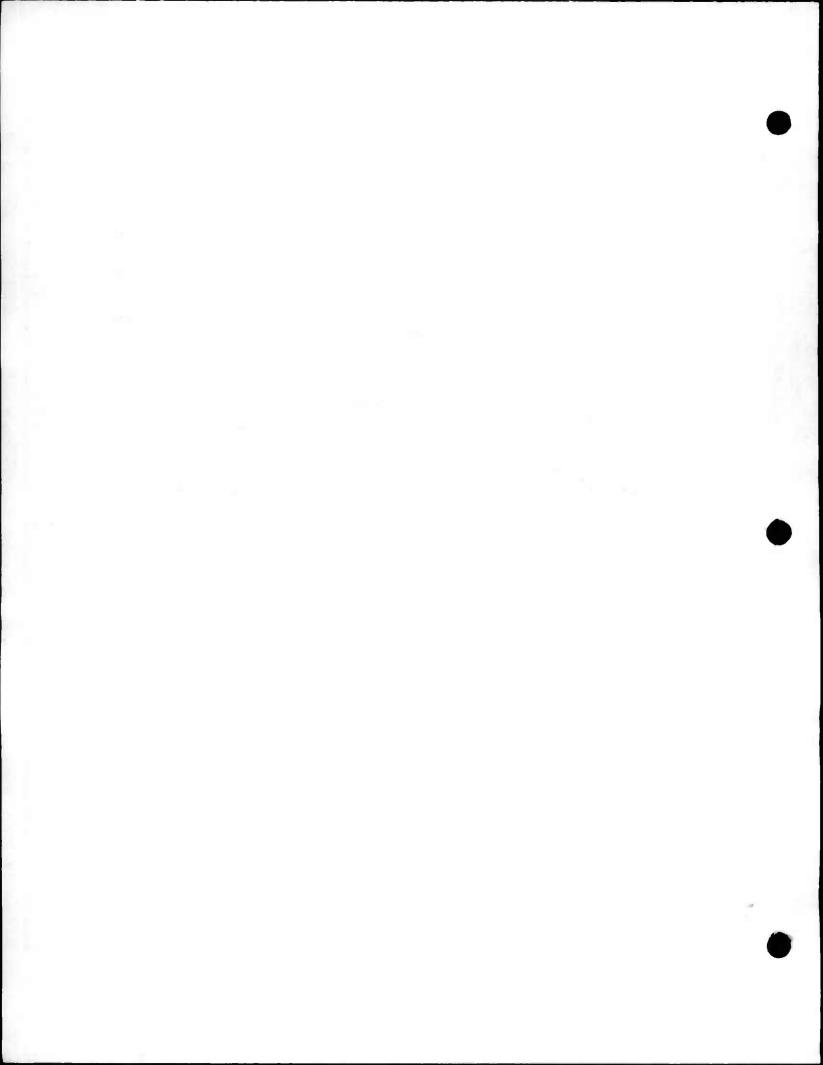
BALTIMORE, MARYLAND 21215-002	are after death. Page 6 may be retained by the hospital or attending phy	I in by the funeral director, page 5 should be detached for use as the bur
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a time of a after death. Page 6 may be retained by the hospital or attending phy	OMECTOR: After this certificate has been signed by the attributing physican and completely filled in by the funeral director, page 5 should be detached for use as the but

	1. DECEDENT'S NAME (First, Middle, Las ELLIOTT	WAND	hins War	d		2. DATE OF DEATH	ž q	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 144 34 8890	5. SEX 1 0 M 2 F	(In yrs. lest birthday,	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	47 Ma	BIRTNPLACE (State or Foreign Country) aryland
OR	9a. FACILITY NAME (If not institution, give		76		wn or Location of D	EATH	9c. COUNTY Balti	OF DEATH
DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Cha:	viiy rles		TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Place		ITUOTT	101. ZIP CODE 20602			1 TYES 2 NO OF WHAT COUNTRY? USA
BY FUNERAL	11, MARITAL STATUS t Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? t ☑ YES IF YES, GIVE WAR OR DUSAF	2 NO	If ye				RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	IIIe. Do NOT	f work done durin	g most of working	16b. KIND OF BU	swess/woust	
	t7. FATHER'S NAME (First, Middle, Last) Hugh W.	Ward			18. MOTHER'S NA	ME (First, Middle, Maiden		carrer
TO BE	19a. INFORMANT'S NAME (Type-Print) Denise L. Wal	rd		me as ‡	eet and Number or Rural	Route Number, City or Tow	rn, State, Zip Coo	ie)
	20a. METNOD OF DISPOSITION 1 Description 1 Donation 5 Other (Specify)	emoval from State cen	b. PLACE AND DATE	other plece)			OCATION — City	
	21. SIGNATURE OF FUNERAL SERVICE Branco	LICENSEE	t. Harmo	22. NAN	E AND ADDRESS OF FA		h Funer	ryland Calver al Home 1736
	23. PART I. Enter the diseases, o shock, or heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Resp F DUE TO (OR AS A) DUE TO (OR AS A)	ech line.			h aa cerdiec or reep	iratory arreat,	Approximate intervel Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF A CONSEQUENCE	head	MRSA atose injury	March,	991.	
	PART II. Other eignificent conditi	one contribution to doubt t	but not requising					
EDICAL		One contributing to death t	out not resulting) in the under	lying ceuse given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
MEDICAL	25. WAS CASE REFERRED TO MEDICAL		out not resulting	2	ying couse given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL		HOSPITAL: Inpetient 2 = ER/Out 28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA	OTHER: 4 Nursing	8. PLACE OF DEATN (CA Nome 5 Residence INJURY AT WORK?	PERFOI YES:	RMED? 2 □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATN	Inpatient 2 ER/Out Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (Soe	patient 3 □ DOA 28b. Ti	2 OTHER: 4 Nursing ME OF 28c NJURY M t	6. PLACE OF DEATN (Ch. Nome 5 Residence INJURY AT WORK? YES 2 NO	PERFOI YES :	RMED? 2 NO INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Neturel 5 Pending Investigation 3 Suicida 8 Could not be detarmined 29a. CERTIFIER (Check only)	Inpatient 2 ER/Out Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (Soe	patient 3 DOA 28b. Ti # Y — At homa, ferm	OTHER: 4 Nursing ME OF 130 t 1, atreet, factory,	8. PLACE OF DEATN (Ch. Nome 5 Rasidence INJURY AT WORK? YES 2 NO office	PERFOI YES: Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State)	RMED? 2 NO INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Neturel 5 Pending Investigation 3 Suicida 8 Could not be detarmined 29a. CERTIFIER (Check only)	Inpetiant 2 ER/Outs Impetiant 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. Ti # Y — At homa, ferm	OTHER: 4 Nursing ME OF 130 t 1, atreet, factory,	8. PLACE OF DEATN (Ch. Nome 5 Rasidence INJURY AT WORK? YES 2 NO office	PERFOL YES: Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	RMED? INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Neturel 5 Pending investigation inv	HOSPITAL: Impetiant 2 = ER/Out 28a. DATE OF INJURY (Month, Day, Year) 10 28e. PLACE OF INJURY building, etc. (Spe YSICIAN: To the best of my know INER: On the besie of examination WNO COMPLETED CAUSE OF DE	petient 3 DOA 28b. Ti Y — At home, ferm cify) viedge, death occur on and/or investigat	OTHER: 4 Nursing ME OF NJURY M t t, street, factory, rred at the time, tion, in my opinion,	B. PLACE OF DEATN (Ch. Nome 5	PERFOL YES: Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) to the cause(a) and ma	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO Rural Route Number, Buse(a) and menner as stated.

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L- wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builat-transit permit. Pages	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSE	TO THE FUNE	be filed within	IMPORTAN	

1	FOR STATE REGISTRAR	TE OF MARYLAND	DEPAR	TMENT OF H	EALTH AND N	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		year 3. TIME OF DEATH
	George Harrison	Wroten				Oct 16,	1991	4:00 A M
	4. SOCIAL SECURITY HUMBER 6. SE			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign Country) Maryland
	2.0 0 1 0000	M 2 □ F 52	YRS.		OR LOCATION OF DE			Maryland TY OF OEATH
œ	9a. FACILITY HAME (If not institution, give street and 413 Maryland Ave				ridge	ATH		chester
8	RESIDENCE OF DECEDENT							
2	10a. STATE 10b. COUNTY	la a a la a sa		r, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
١٥	Maryland Dorc	nester		Cambri	. ZIP CODE		10a, CITIZ	12 YES 2 ☐ HO
FUNERAL DIRECTOR	413 Maryland Ave	nue			21613			US
3	11. MARITAL STATUS 12. W	AS DECEDENT EVER IH U.S DRCES? 14 4 YES 2	ARMED	13. WAS DEC	EHDENT OF HISPAN	IC ORIGIH? (Specify Yes	or Ho—	14. RACE — American Indian, Black, White, etc.
BY F	1 Never Merried 2XXMerried IF IF Ja	VES GIVE WAR OR DATES	63	1 TYES	2XXNO Specify	n, Puerto Ricen, atc.)		specify: White
	15. OECEOENT'S EDUCATIOH (Specify only highest grade complete	tech 16a	(Give kind of v	USUAL OCCUPATI	ON set of working	166. KIND OF BU	SIHESS/INDL	USTRY
9	Elementary/Secondary (0-12) Colle	ge (1-4 or 5+)	life. Do NOT us	ne retired.)				
COMPLETED	12		Wir	e CIOL	Worke:	ME (First, Middle, Maiden	Cumama	
		roten			The		oard	
BE	19a. IHFORMANT'S HAME (Type/Print)		19b. MAILIHG	ADDRESS (Street	and Number or Rural I	Route Number, City or Tow	n, State, Zip	Code)
임	Darlene B. Wrote	n	413	Maryla	nd Ave.	Cambrid	ge, N	MD. 21613
	20s, METHOO OF DISPOSITION Description 2 Cremetion 3 Removal from the Property of the Control o	- Other other	or nieno)		metery, cremetory or emetery			city or Town, State k, Md.
	21. SIGNATURE OF UNERAL SERVICE LICENSEE				ND ADDRESS OF FA		0	
	John Hym	5		700	Locust	St. Cam	brid	ge, MD. 21613
TION	Sequentially list conditions, if any, leading to immediate	Peri Conca	NSEQUENCE O	F):	lioma			Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE O	F):				
E	d							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions con	tributing to death but r	not resulting	In the underlyle	ng cause given in	Part I. 24a. WAS AI PERFO	RMEO?	24b. WERE AUTOPSY FIHDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. I	LACE OF DEATH (C)	heck only one)		
YSI	1 U YES 2 NO 1 U	Inpatient 2 - ER/Outpatie		4 - Nursing Ho		8 Other (Specify)	MI MIROS	OUDED
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. Till	JURY W	JURY AT ORK? YES 2 HO	28d. DESCRIBE HOW	INJURY OCC	CURED
red BY	2 Paperdant	28e, PLACE OF IHJURY — building, etc. (Specify)	At home, ferm,	street, factory, off	ce	28f. LOCATION (Street City or Town, State		r or Rural Route Number,
COMPLETED	One)	To the best of my knowledg	adfas lava atlanti	an In my anialan	do ath a second at the	a time, data and alone	and deep to the	nted. the couse(e) and manner so stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	711, in			13 Q	MBER 627	29d. DAT	E SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO CON	APLETEO CAUSE OF DEATH	(ITEM 27) (iyp	e, Print)	+ Canala	adae mi) :	21613
	31. DATE FILED (Month, Day, Year)	APLETEO CAUSE OF DEATH 11, MD, 4 32. REGISTRAR'S SIGNATI SULLE DA	IRE	and so	, camb	and cl.		
	0011/91	- Cura va	~ (@201\-V	minuces				DHMH-16 Rev 1/



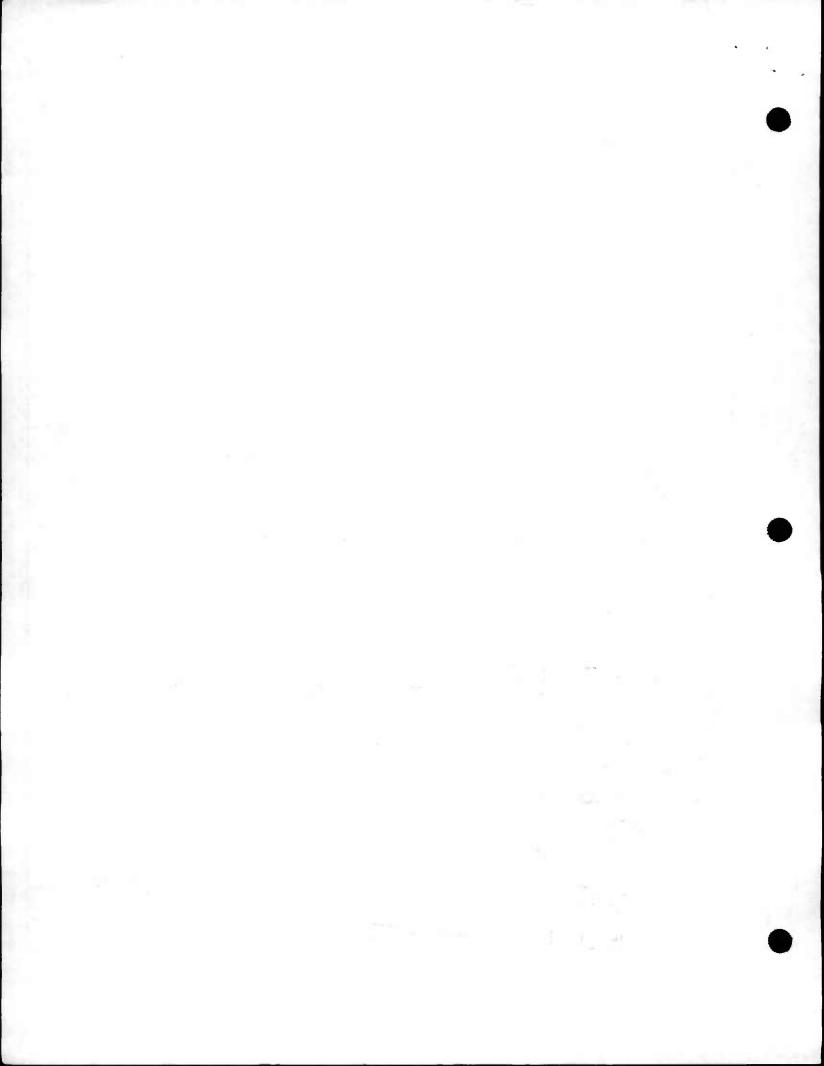
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90,	within
(687	executed
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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S	that
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

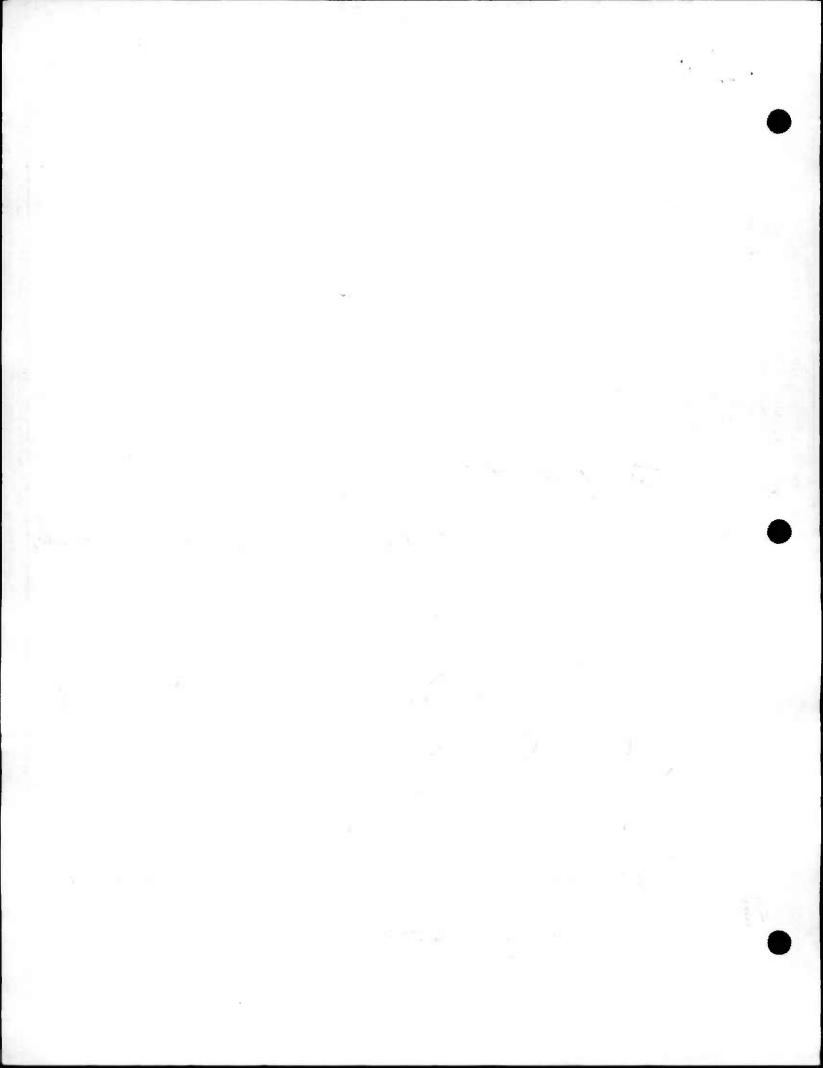
	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	MARY THERE	SA	WILKINSON	1		OCTOBER .	1991 YEAR	4:30 P
	4. SOCIAL SECURITY NUMBER 220-34-3656	5. SEX 1	8. AGE (In yrs. last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 24	Cou	THPLACE (State or Foreign intry) IARYLAND
5	9a. FACILITY NAME (If not institution, give : ST. MARY'S NURSIN			96. CITY, TOWN LEONAR	OR LOCATION OF D		9c. COUNTY OF	DEATH
DIRECTOR	100. STATE 10b. COUNT MARYLAND S'	r. Mary's		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER RT. 1 BOX 416			10	M. ZIP CODE 20636		10g. CITIZEN OF	WHAT COUNTRY?
BT FUNEWAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 X NO WAR OR DATES	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)	90 or No 14. RA Bla Spo	CE — American Indian, ack, White, etc.
COMPLEIED	15. DECEOENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 7TH GRADE		(Give kind of life. Do NOT (s USUAL OCCUPAT work done during muse retired.)	ost of working		USINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Lest) WILLIAM MASON	N RUSSE				AME (First, Middle, Meidel FLORENCE	n Surneme)	IIIN
20 01	190. INFORMANT'S NAME (Type/Print) DOROTHY C. BARCLII		19b. MÁILIN		end Number or Rural	Route Number, City or To	wn, State, Zip Code)	
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA of cemetary, cremator ST. JOHN	TE OF OISPOSITIO	N (Name	OATE 20c. L	OCATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	lines	MATT!	INGLEY-G	ARDINER FU	NERAL HO	
Senting Carlon	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in desth) LAST	b	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	OF):	squa	two Pa	recens	
THE STORY	PART II. Other significant condition Lewators Scrile Dense	ne contributing to	1		ng cause given in	PERF	ORMED?	4b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DENO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
5	1 TYES 2 NO		☐ ER/Outpetient 3 ☐ DOA	OTHER: 4 Nursing Ho	me 5 🗆 Reeldenca	6 Other (Specify)	-	
DI LII DICIVII.	27. MANNER OF DEATH 1 Statural 5 Pending Accident Investigation	26a. DATE OF (Month, L		NJURY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE (building	OF INJURY — At home, farm, etc. (Specify)	, street, factory, off	ice	26t. LOCATION (Stree City or Town, State	t end Number or Rure e)	al Route Number,
COM LETTE	000)		f my knowledge, death occu					e(e) and manner as stated.
N N	296. SIGNATURE AND TITLE OF CERTIFIE	111			29c. LICENSE NU			ED (Month, Day, Year)
2	JAMES & BOYD,		SE OF DEATH (ITEM 27) (TY) EONARDTOWN ,		20650		-/	7
	31. DATE FILED MONTH, Day, Year)	1 32 REGISTRY	Day don-		10000			



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r death. Page 6 may be retained by the hospital o	ne funeral director, page 5 should be detached for al.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	le, Last)					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
FRANK	WOLF WAIK	ART, II	100			OCTOBER 9		91	8:20 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
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9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TOV	N OR LOCATION OF D		-	INTY OF D	
ST. MARY'S HOS			100	LEC	NARDTOWN		ST	. MAF	RY'S
	COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
MARYLAND	ST. MARY'S		PTI	NEY POI	NT				LIMITS?
10e. STREET AND NUMBER	51. 141112 5	-		THE LOT	101, ZIP CODE		10g. CI	IZEN OF V	WHAT COUNTRY?
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1 Never Married 2 Marrie 3 Wildowed 4 Divorced		1 YES 2 X	Дио	If yes		an, Puerto Rican, etc.)			k, White, atc.
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12	6		SISTA	NT DIRE	CTOR	OF INVE	ESTIG	ATIO	N
17. FATHER'S NAME (First, Middle, I	Lest)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)		
HARRY W. WAII	KART					ORTON			
19a. INFORMANT'S NAME (Type/Pri			19b. MAILIN	3 ADDRESS (Str	111021	Route Number, City or To	wn, Statu. 7	ip Code)	
MRS. JEAN T. V	·					PINEY POIN			ND 20674
200. METHOD OF DISPOSITION		20h Di Ai		E OF DISPOSIT			OCATION -		
1 Donation 5 Other (Speci	tty)			x of other place!		10/12 VAL			
21, SIGNACHIE TUNERAL ELR		W		BRI		JNERAL HOM	•		
EDWARD N.	BRINSFIELD,	JR. MO	0052	P.0	BOX 279,	LEONARDIO	OWN,	MD.	20650
				OF):					
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initieted events	۵	TO (OR AS A CONS		DF):					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	۵			DF):					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	to death but no	SEOUENCE (DF): DF):	ying ceuse given is	PERFO	PAMED?	/ 24t	D. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION DF CAUS
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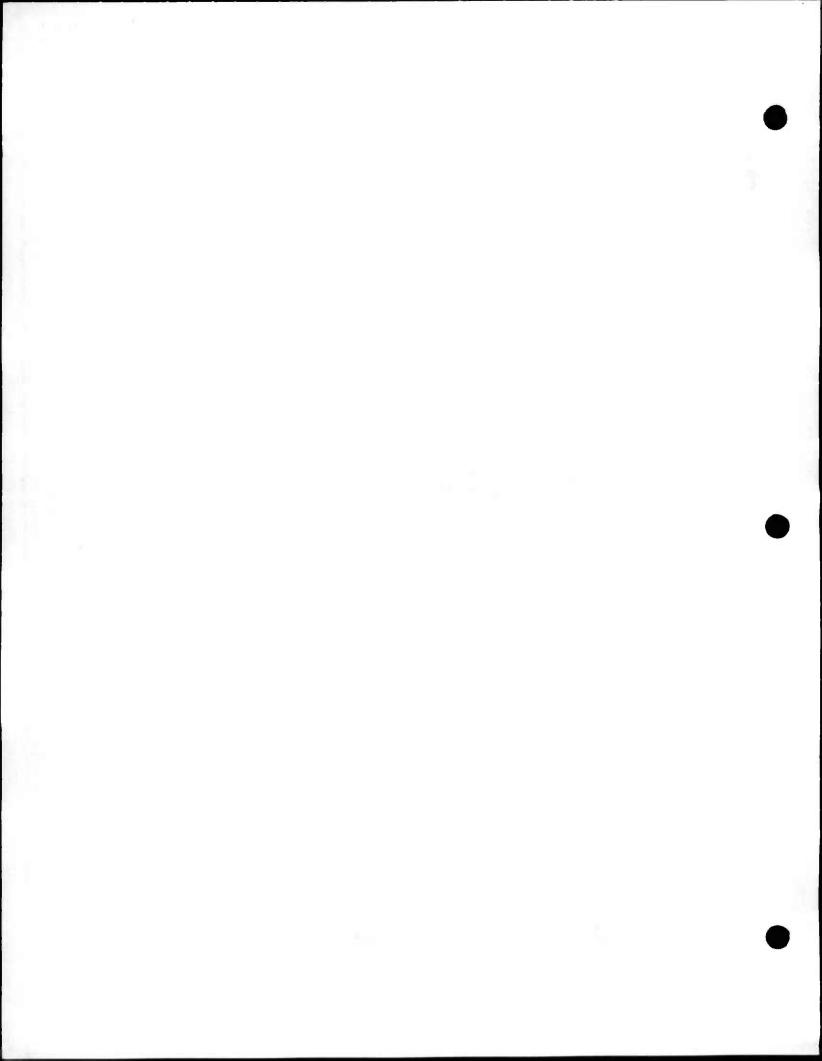
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_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its filled within 72 hours after death with the State Door of Health and Mental Hymene prior to hursi premarion or concern	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEAD		NTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	Wagaman			2	DATE OF GEATH DAY	YEAR 9	3. TIME OF DEATH 41069			
	4. SOCIAL SECURITY NUMBER 220-05 - 6863 9. FACILITY NAME (If not institution, give str	1 🗆 M 2 👺 F	86 YRS. MOI	UNDER 1 YEAR IF I	MIN.	DATE OF BIRTH (Month, Day, Year)	W	Ish, Co., MD			
CTOR	Mashington Con	f 96	wash								
DIRECTOR	10a. STATE 10b. COUNTY Wa	sh. Co.	ort			10d. INSIDE CITY LIMITS? 1 YES 2X NO					
FUNERAL	100. STREET AND NUMBER 2 150 Virginia 11. MARITAL STATUS	Ave		101. ŽIP	71795		11.5,	HAT COUNTRY?			
ΒY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT ÉVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO	13. WAS OECENDE If yes, specify 1 TYES 2 X	Cuban, Mexicen, P	ORIGIN? (Specify Yes or I werto Ricen, etc.)	Sia	CE — American Indian, ock, White, etc. white white			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) 12 years	ATION completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during most of vired.)	vorking	16b. KIND OF BUSINE	SS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last)		Homen	16.		home (First, Middle, Maiden Surn					
TO BE	William U. Roule 190. INFORMANT'S NAME (Type/Print) C. Kilburn Roule		196. MAILING ADD	DRESS (Street and Nu	lizabeth	e Number, City or Town, St	tate, Zip Code)	17225			
	20e. METHOD OF DISPOSITION 1	20b.P	LACE AND DATE OF DI	SPOSITION (Name of			ION — City or 1				
	21. SIGNATURE OF FUNERAL SERVICE ALCE		K	Gerald N Funeral	PRESS OF FACILI	Ch 305 N	. Potor	mac Street Maryland			
CERTIFICATION	23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arreat, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Dasth Approximate interval Between Onset and Dasth 12 hrs OUE TO (OR AS A CONSEQUENCE OF): Coronary dyfery disease OUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificent conditions	contributing to death but	not resulting in th	e underlying cau	se given in Par	t I. 24a, WAS AN AUTI PERFORMED 1 YES 2 1)?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE (HER: Nursing Home 5 [Peeldense &						
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY	28c. INJURY A WORK? M 1 YES	T 28	d. OEŞCRIBE HOW INJUR	Y OCCUREO				
TED BY	Accident Investigation Accident Investigation	26e. PLACE OF INJURY — building, atc. (Specify,		261. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICION 2 MEDICAL EXAMINER	AN: To the best of my knowled: On the basis of examination s	ge, death occurred at	the time, date and p	lece, end due to the	he couse(e) and menner	ee stated.	(a) and manager			
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	rd m	D	29c.	LICENSE NUMBER	290		O (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO	//			reet Ha	agerstown,					
	OCT 22'91	32. REGISTRAR'S SIGNATION DANS	JAE			<u> </u>					

FOR

	1 - STATE REGISTRAR		CE	ERTIF	ICATE	OF	DEATH	ID IN		G. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)				TOATE	<u> </u>	DEATH	2	. DATE OF D	EATH			3. TIME OF DE	ATH
	Francis Edward					Ct,	19,	199	1 TEAR	11:24	а "			
	4. SOCIAL SECURITY NUMBER	Wilson 5. SEX 6	AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 H	\rightarrow	DATE OF BI			S. BIRTH	PLACE (State or	Fomina
1	214 09 0346	1 M 2 F	74	YRS.		DAYS		9/2/1/				Wes	t Virg	gini
TOR	80. FACILITY NAME (If not institution, give str Washington Coun RESIDENCE OF DECEDENT		tal	9b. CITY, TOWN OR LOCATION OF Hagerstown					N			hty of D	eath gton	
ទួ	10e. STATE 10b. COUNTY			I too CIT	Y, TOWN OR	LOCATI	ION .							
DIRI	Maryland Wash	ington		100. 011	Hage	ers	town						10d. INSIDE CIT LIMITS? 1 YES 2	
IERAI	183 Summit Ave.						ZIP CODE 21740				10g. CIT		WHAT COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☒ Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 ☒ YES 2 IF YES, GIVE WAR OR DATE WW T			MED	H 3	ree, spe	ENDENT OF HI city Cuban, M 2 NO S	exicen, F	ORIGIN? (Sp Puerto Rican,	ecify Yas stc.)	or No-	Black	- American Inc., White, etc.	
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16e. DE	CEDENT'S	USUAL OCC	UPATIO	N		16b. KIND	OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT us	work done dui se retired.)		t of working			c om:	pute	r		
<u>≅</u>	17. FATNER'S NAME (First, Middle, Lest)		P				40 1410-14-0							
BE CO	Nathaniel Geor	ge Wils	son				16. MOTNER	ott		Maiden 3	Surname)	Fea	ga	
2	190. INFORMANT'S NAME (Type/Print) Thomas A. Mayes		19t 4	41 S	Sunni	Street an	Ave.	Ha	te Number, Ch	town	n, Stata, Zij	Code)	land 2	21740
	20q, METNOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remon	20b. PLACE A	EAND DATE OF DISPOSITION (Name of DATE Control of Town, St. Hagerstown, St. Ha							no Pinto				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0	II C	22. NA	ME AND	AODRESS O	F FACILI	1TY . 1	nag	CLSI	JOWII	otoma	Tallo
	Lirala D.	nun	ich		Fu	ner	al Ho	ome		H	lage	rsto	otoma own, M	c St d.
	23. PART I. Enter the diseasea, or co ahock, or heert failure. L	omplications that c	aused the de	ath. Do r	not enter th	ne mod	le of dying,	such e	a cardlec o	r reeplr	atory an	rest,	Approxim	nste
	IMMEDIATE CAUSE (Final disease or condition				C								Onset an	nd Deeth
İ	disease or condition Myocardial Infarction a. Myocardial Infarction Due TO (OR AS A CONSEQUENCE OF):												Imme	diat
z	Athersclotic Heart Disease													
ATIO	Sequentially list conditions, If any, leading to immediate A 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1													
	CAUSE (Disease or Injury that initiated events		AS A CONSEC									-	Year	S
CERTIFICATION	resulting in death) LAST													
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AND ABLABLE PRIOR TO													
										YES 2			COMPLETION OF OF DEATH?	
PHYSICIAN: MEDICAL									-				1 X YES 2 [NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DEATH	(Check	only one)					
š		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	g Nome	5 - Reside	nce 8	Other (Spec	cifly)				
E	27. MANNER OF DEATN	28e. DATE OF IN. (Month, Day,		28b. TIM		Bc. INJU	RY AT		d. DESCRIBE		JURY OC	CUREO		
à	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌 YE	ES 2 NO)						
ED	3 Suicide 6 Could not be determined	28e. PLACE OF III building, etc.	IJURY — At hor . (Specify)	ne, term, s	itreet, tectory	, office		26	26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLETED		AN: To the beat of my											end manner ea	atated.
	290. SIGNATURE AND TITLA OF CERTIFIER						29c. LICENSE							
2 8	AND	Asst. D	eputy	Med	l. Ex				MBER 29d. DATE SIGNED (A ▶10/20/					
- 19	Arthur H. Horn	100 Lon	gmead	ow R	d.	Нар	gerst	own	. Mar	•v1=		217		
	31. OATE FILED (Month, Day, Year) 2219	1 32. REGISTRAR'S	SIGNATURE	dson-i	Pandell			_ ,,	,	, 10		41	74	
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TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 his important: If it HOSPITAL

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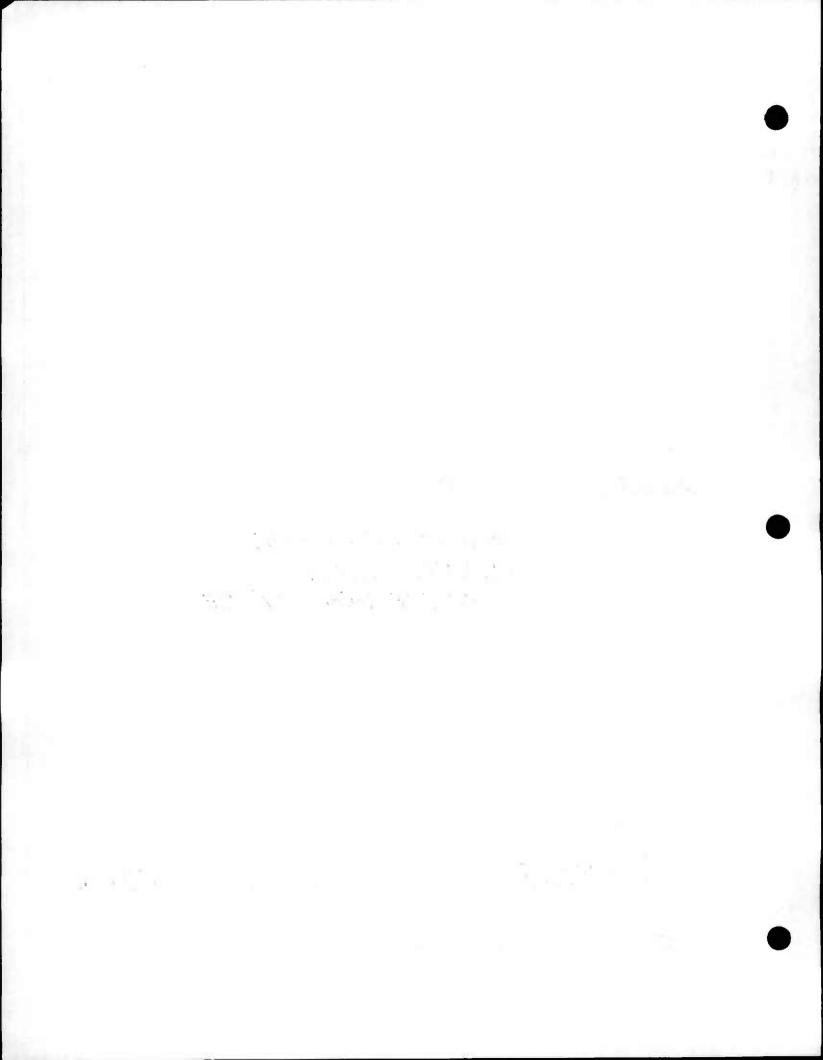
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	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or rem	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE	afte afte	28
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 1991 Lucille october 15, Imogene Witherspoon 2:11 pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 1/27/10 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 N F 223 10 3817 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Washington County Hospital Washington FUNERAL DIRECTOR Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1332 The Terrace 21740 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: Specify: BY Specify: White 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highe entary/Secondary (0-12) College (1-4 or 5 +) Housewife Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph S. Rosenbloom Katherine Fogarty 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jane W. Peters 3 Windsor Way Richmond, Virginia 20a METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 10/19 Hagerstown, Maryland Restrate Haven Cemetery 4 Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY Gerald N. Minnich 305 N. Potomac St. Funeral Home Hagerstown, 23. PART I. Enter the disessea, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition_ ARDID PULMONARY ARREST resulting in death) CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 | NO OF OFATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Natural t YES 2 NO BY 2 Accident PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. ITLE OF CERTIFIER BE 29d. OATE SIGNEO (Month, Day, 2204 10 17 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WHO COM

> 32. REGISTRAR'S SIGNATURE whia Davidson Pandall





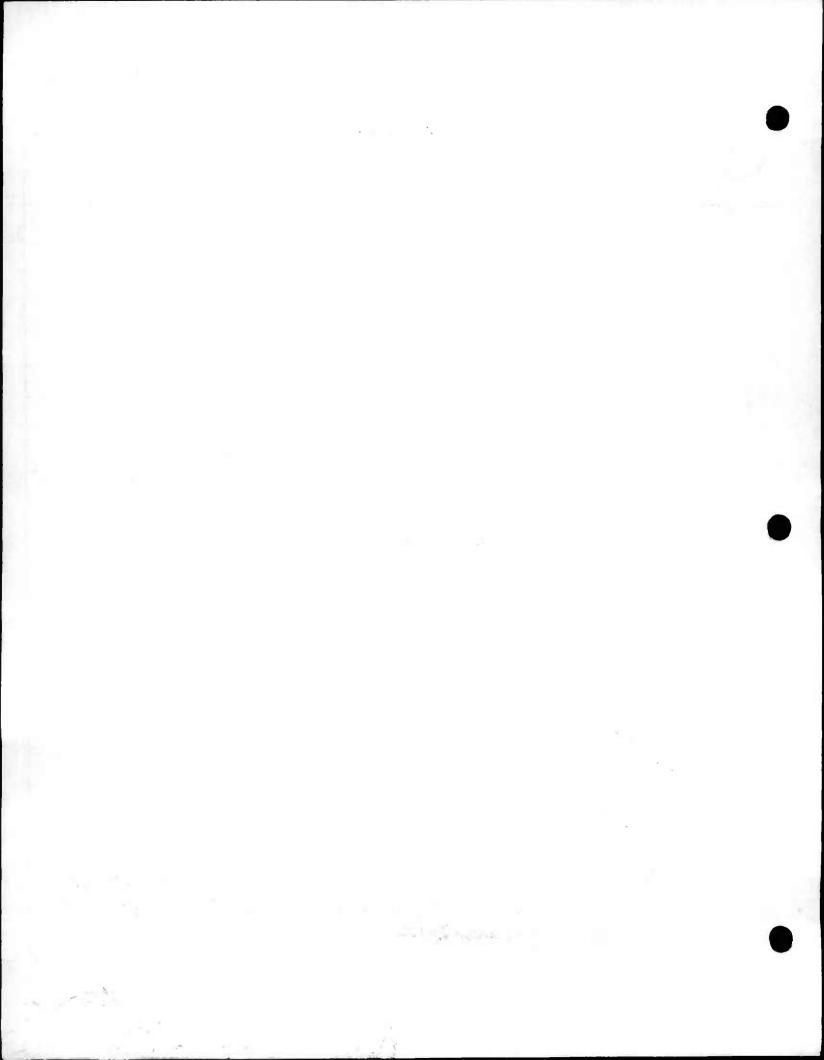
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGIST
1. DECEDENT'S
4. SOCIAL SEC
043-70
90. FACILITY N
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RESIDENC
10a. STATE
Maryla
10e. STREET A
10250
11. MARITAL ST

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	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	R	EG. NO.		400			
	1. DECEDENT'S NAME (First, Middle, Last)	Shu Yur	n You	ng			2. DATE OF D		YEAR	3. TIME OF DEATH 1:10 P.M			
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last bi	irthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	BIRTN		PLACE (State or Foreign			
,	043-70-3713	1 🗆 M 2 💢 F		YRS. MO	NTHS DAYS	HOURS MIN.	April	14,1910	Country	China			
DIRECTOR	90. FACILITY NAME (If not institution, give s 10250 Westlake Dr RESIDENCE OF DECEDENT			96		ethesda	EATH		Monte	gomery			
Ed	10a. STATE 10b. COUNTY	Υ	1	Inc. CITY, TO	OWN OR LOCAT	TION				10d. INSIDE CITY			
- DIR		ontgomery			Ве	thesda				1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 10250 Westlake Dr	rive #314			101	ZIP CODE	17	10g. CITI	Chi	THAT COUNTRY?			
5	11, MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARME	D	13. WAS DEC	ENDENT OF NISPAN	NIC ORIGIN? (Sc	pecify Yee or No-	14. RACE	- American Indian			
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			If yes, spe	ecity Cuben, Mexice 2 NO Specify	en, Puerto Ricen	i, atc.)	Black,	, white, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION a completed)	16a. DECEI	DENT'S USU kind of work	JAL OCCUPATIO done during mo- tired.)	ON est of working	16b. KIN	ID OF BUSINESS/IND	USTRY				
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	Homem				Own Ho	me				
Ö	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle	e, Malden Sumame)					
BE C	Not Available					Not Ava	ailable						
0	19a. INFORMANT'S NAME (Type/Print)							City or Town, State, Zip					
	Polly Law						Potoma	c, Maryl					
	20e. METNOD OF DISPOSITION 1 XBurlet 2 Cremation 3 Rame 4 Donetion 5 Other (Specify)	oval from Stata	cemetery, cremet Gate o	tory or other p	place)	motory 1	DATE 0/19/9	20c.LOCATION —	Commission				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME AN	D ADDRESS OF FA	CILITY Rob	ert A. P	nmphi	rev Funeral			
	· Will ET	Bouen G	2 MO	0672	Home/B Wiscon 3501	ethesda- sin Aven	Chevy lue, Be	Chase, I	Mary	rey Funeral land 20814-			
	23. PART I. Enter the diseases, or canock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse o	used the death on each line.		enter the mod	de of dying, suc	h as cardiec	or respiretory err	eat,	Approximeta Intervel Batween Onset and Death			
2	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially liet conditione, If any, leeding to immediate cause. Enter UNDERLYING												
IFIC	CAUSE (Disesse or Injury that initiated events	c. DUE TO (OR	AS A CONSEQUE	NCE OF):									
ERT	resulting in deeth) LAST	d											
	PART II. Other significent condition	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceues given in Pert I. 24s. WAS AN AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL				ming m u	ie underlying	Couce given in		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO			
₹	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATN (Che	ank only one)						
SIC	EXAMINER?	HOSPITAL:	Mutpatient 3		THER:								
H	27. MANNER OF DEATN	28a. DATE OF INJU	JRY 26	8b. TIME OF		e 5 X Rasidence		BE NOW INJURY OCC	PUREN				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	10r)	INJURY	WOI	RK?	four page	E NOW BROOM COO	UNEU				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (JURY — At home, (Specify)	term, street	i, factory, office	,	28t. LOCATION City or Tox	N (Street end Number wn, State)	or Rural Ro	rute Number,			
COMPLETED	2 MEDICAL EXAMINE									and menner as stated.			
BE	296. SIGNATURE AND TITLE OF SERTIFIER	10				29c. LICENSE NUM		29d. DATE	SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO		F. D.C. 1711 (1751) 61			0091	66	10)-/	4-91			
	10400 /CON.	NECTICAT	- AV	(Type, Print	NSIN	600	MDS	ENBL 208	95m	MI)			
	31. DATE FILED (Month, Day, Year)	TIME DAME	SIGNATURE ADDRESS	De.									



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1. DECEOENT'S NAME (First, Middle	, Last)	0.		AIL O	DEA	n	2. DATE OF DEATH).	_	A THIS OF SELECT	
KEVIN		ROY		YOUNG	2		MONTH 1	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) #	UNDER 1 YEAR		24 HDS	7. DATE OF BIRTH				
220-76-229	0 1√2 M 2 □ F	29		HTHS DAYS		MIN,	(Month, Day, Year)		Country)		
9a. FACILITY NAME (If not institution	3 4		04	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
							AIR	1			
RESIDENCE OF DECEDE	N HOSPITA	<u>L</u>		I	BETHE	SDA		11	TNON	GOMERY	
10a. STATE 10b. 0	COUNTY		10c. CITY, T	CITY, TOWN OR LOCATION						10d. INSIDE CITY	
Maryland	Montgomer	y	0	erma	ntowr	1				LIMITS?	
10e. STREET AND NUMBER				1	IOI. ZIP CODE			10g. CIT	IZEN OF Y	HAT COUNTRY?	
18119 Metz 1	Orive				208	374			US	A	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MEO	13. WAS DI			IC ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2	40		specify Cube		n, Puarto Rican, atc.)		Black	y: Black	
									Орва	Diack	
15. DECEDENT (Specify only highes	'S EDUCATION of grade completed)	/G	CEDENT'S US	done during r	TION nost of workin	ia.	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5		. Do NOT use re	itired.)							
llth			Dri	ver							
17. FATHER'S NAME (First, Middle, L.							NE (First, Middle, Maider	Surname)			
Edward A. Yo							Allen				
19a, INFORMANT'S NAME (Type/Prin							oute Number, City or Tox				
Sylvia V. Yo	oung (wife) 1	8119	Metz	Driv	ле,	Germanto	own,	MD	20874	
20a. METHOO OF DISPOSITION 1 St Burial 2 Cremation 3 C	Ramoval from Stata	20b. PLACE	ND DATE OF D	ISPOSITION (Vame of		OATE 20c. L	CATION -	City or To	wn, State	
4 Donation 8 Other (Specify		Norb	eck M				10/11	lne	у, М	D	
21. SIGNATURE OF FUNERAL SERV	0 1	1			AND AGORES						
- Deorge	K. Aus	wales	1	SNO	WDEN	FUN	ERAL HOM	1Ε, I	P.A.		
23. PART I. Enter the disease	a, or complications the	t caused the de	ath. Do not	enter the m	ode of dvi	ng, auch	as cardiac or rear	lratory ar	rest	Approximate	
arlock, or steart to							u - 01. u - 01 104	matory ar	1001,	Interval Between	
iMMEDIATE CAUSE (Final disease or condition	2	ultip	e Xnj	urie	S	-				Onset and Death	
resulting In death)	a. DUE TO	COR AS A CONSEC	SHENCE OF	mg	uni	2					
				/						İ	
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF):								
cause. Enter UNDERLYING	,									İ	
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF):								
reaulting in death) LAST	d.										
PART II Other significant and	distance and the state of										
PART II. Other aignificant con	ditional contributing to	death but not r	eaulting in t	he underlyl	ng cause g	iven in F	Part I. 24s, WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
							YES	NO		COMPLETION OF CAUSE OF DEATH?	
								YES 2 NO			
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:		To	26. I	PLACE OF DE	ATH (Chec	ck only one)				
X X YES 2 NO	1 Inputant XI				me 5 🗆 Rei	sidence 6	Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D.	INJURY ny, Year)	26b. TIME OF		JURY AT		28d. DESCRIBE HOW	NJURY OC	CURED		
2 Accident Investig	ation /	7-91	unkno	1 🗆	YES 2	SHO /	Pech se	wit	6	M.U.	
3 Suicide 6 Could n	building.	F INJURY — At horate. (Specify)	ma, term, atrea	t, factory, offi	ca		26f. LOCATION (Street City or Town, State	end Number	or Hun R		
4 Homicide determin	57	NEET					801 Unt	Dur	none	Lel.	
29a. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledge, de	ath occurred at	the time, dat	e and place,	end due t	o the cause(s) end ma	uner as sta	led.		
one) XX MEDICAL EX	AMINER: On the basis of an	amination and/or i	nvestigation, ir	my opinion,	death occure	d at the ti	ime, data and place, a	d due to th	ne cause(s)	end manner ea stated,	
290 STONYTURE AND THE OF CEN											
29C. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)											
OCME 10 07 1991											
30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type, Prin	r)							
TO HAME AND ADDRESS OF PERSON	1	E OF DEATH (ITEN			rr i		IMORE M				
- 1 / -	PENELLI	E OF DEATH (ITEM	27) (Type, Prin		ET I		IMORE, M			21201	

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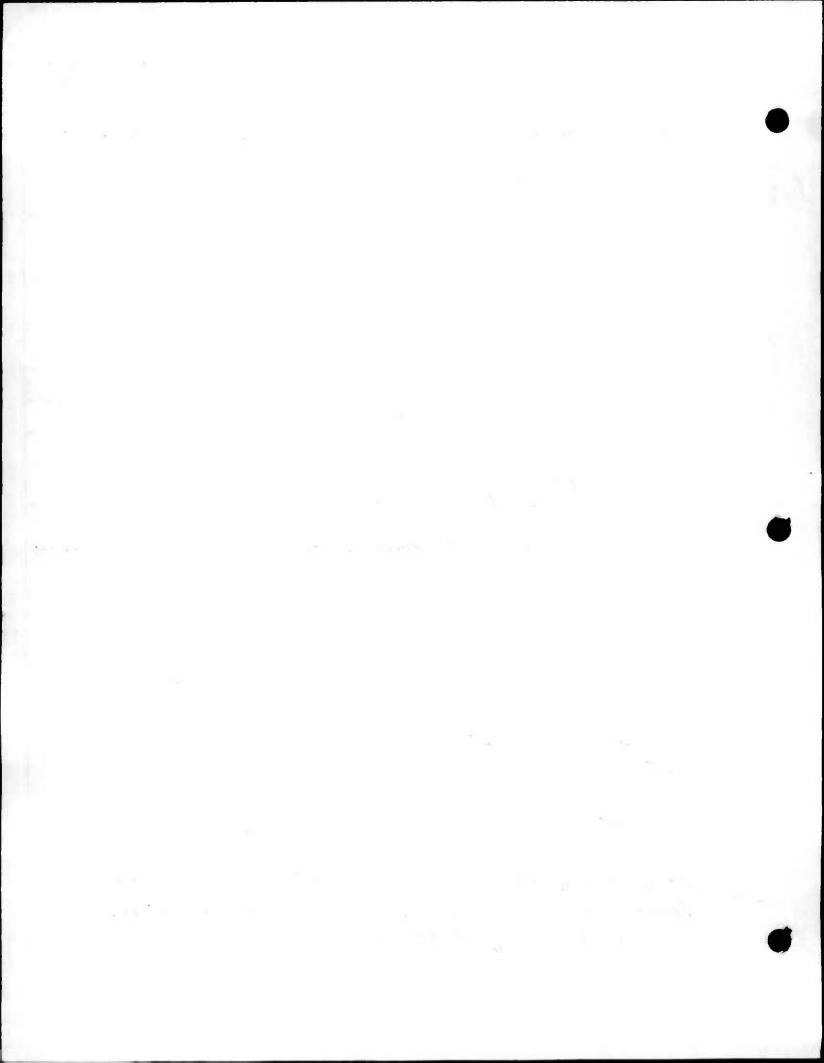
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DIVISION	
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	1. DECEDENT'S NAME (First	t, Middle, Last)		1 Hewitt	YOU	ING				2. DATE OF DEATH			3. TIME OF DEATH	
1	SAM UEL		YOUNG	_						MONTH D	AV S	9/	1552 M	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER			24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
	214-30-179 90. FACILITY NAME (II not II		1 🔀 M 2 🗌 F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	March 11	,1935	Mar	yland	
Ĕ.				- 0.1					ON OF DE	ATH	9c. COUNTY OF DEATH			
5	Washington			al		L	наде	ersto	wn		Washington			
DIRECTOR	10a, STATE	10b. COUNT			10c, C/1	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER		nington		F	lager		_					1 TES 2 NO	
FUNERAL			Destan		101. ZIP CODE 21740						10g. CIT		WHAT COUNTRY?	
SE	17912 Club	nouse		NT EVER IN U.S. AR	MED	13	WAS DEC		- ,	IC ORIGIN? (Specify Yes		US	E — American Indian.	
BY FI	1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES? 1	MAR OR DATES			If yes, sp	ecify Cube	m, Mexicar Specify	, Puarto Rican, atc.)	or No-	Blac Spec	k, White, etc.	
ED B												wh	ite	
1	(Specify onl	EDENT'S EDU y highest grade	completed)	(G	ive kind of	Work done se retired.)	CCUPATION MC	ON ost of workin	ng	16b. KIND OF BUS	SINESS/INC	DUSTRY		
COMPLET	Elementary/Secondary (C	J-12)	College (1-4 or 5	+)			cont	trol	ana1	ysis to	rucki	no		
O.	17. FATHER'S NAME (First, M	liddle, Last)			1					ME (First, Middle, Maiden		8		
BE (Samuel Ear		ng							rine Werne				
5	19s. INFORMANT'S NAME (7			191						loute Number, City or Tow				
-	Betty J. Y				1791	L2 C1	ubh	ouse	Driv	e, Hagers	_			
	20a. METHOD OF DISPOSIT 1 Regular 2 Crematic	n 3 🗆 Rem	ioval from State	20b. PLACE / cemetery, cre	IND DATE	OF DISPOS	ITION (Na	ame of) o wla	DATE 20c. LO				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donation 5 Other (Specify) Cremetery, cremetery, cremetery, or other place) CreenLawn Memorial Park 10-19 Williamsport, Mar 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 2												ort, Maryland		
												MA 21740		
	23. PART I. Enter the d	iseases, Dr	complications the	it caused the de	ath. Do i	not enter	the mo	de of dy	ing, auch	as cardiac or reapi	retory an	reat.	Approximate	
	ahock, or h	wart lanure.	List only one cau	use on each line								,	Interval Between Onset and Death	
	disease or condition resulting in death) a. ACUTS MY OCHABIAL INPARCITION SUPPER													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentially list conditi	b	D:											
CERTIFICATION	if any, leading to Imme- cause. Enter UNDERLY	0E.110E 0	. ,.											
Ē	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CONSEC	UENCE O	F):								
ER	resulting in death) LAS	' (d											
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												. WERE AUTOPSY FINDINGS	
MEDICAL	Now									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC						1 TES 2 MO OF					OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			***	
IXS	1 YES 2 NO		1 Inpetlant 2	ER/Outpatient 3		4 🗆 Nun	ing Hom		eldenca (Other (Specify)				
\$	1 Natural 5	Pending	28e. DATE OF (Month, D		28b. TIM INJ	IE OF		RK?	1.00	28d. DEŞCRIBE HOW II	NJURY OCC	CURED		
BY	2 Culate	Investigation Could not be	28e. PLACE O	F INJURY — At hor	ne, larm,	etreet, facti		rES 2		261. LOCATION (Street a	and Number	or Rumi E	Inute Number	
COMPLETED		determined	building,	etc. (Specify)			,,			City or Town, State)	ind Number	Or Horar P	Number.	
PLE	29a. CERTIFIER (Check only	IFYINO PHYSI	CIAN: To the best of	my knowledge, dea	rth occurre	ed at the ti	me, data	and place.	end due t	to the cause(a) and man	mer ee stet	ed.		
0										ime, data and placa, an) and menner as stated.	
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICE	NSE NUMI	BER	29d. DATE	E SIGNED	(Month, Day, Year)	
TO B	Sanghlor	h_,	w					Do	104	2			5-91	
	BARRY CO	PERSON WH	1040	SE OF DEATH (ITEN	27) (Type,	Print)	100	2/_0	א אום	my as 2				
	31. DATE FILED (Month, Day,	7 '01	32. REGISTR	IA'S SIGNATURE	1-20	ndell	1111	00,	0,5	, -		, ,	-	
	001	-, 31	1	- 100 to 400 (400)		-								



3. TIME OF DEATH

4:53P

10d. INSIDE CITY 1 YES 2 NO

a. BIRTHPLACE (State or Foreign

BALTIMORE CITY

14. RACE — American Indian, Black, White, atc.

Specify: White

10g, CITIZEN OF WHAT COUNTRY?

notified at once.

FOR STATE REGISTRAR

1 -

è must examiner injury, or other traumatic event, the medical shows any 23 marked, or

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

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item 28

IMPORTANT: If

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

8 Could not be

1 TES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

	1. DECEDENT'S NAME (First, Middle, Last)							TIEG. NO				
		1-11						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME	
		ells		NDERS				OCTOBER	21,	1991	4:	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)			IF UNDER 24 HRS.				HPLACE (
	220-14-5550	1 🗆 M 2 💢 F	65	YRS.	MONTHS D	MYS	HOURS MIN.	March 17	1926	Count	ry)	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	OWN OF	R LOCATION OF D			9c. COUNTY OF DEATH		
R	THE JOHNS HOPKIN	IS HOSPIT	'ΔΤ.		RA							
DIRECTOR	RESIDENCE OF DECEDENT	TO HOULT			DA	LII	MORE CI	11	В	ALTI	MOKE	
W.	10a, STATE 10b, COUNTY	1		t0c. CIT	TY, TOWN OR L	LOCATIO	ON				10d. IN:	
	Maryland Bal	timore		1 7	owson	,					1 Y	
FUNERAL	10e. STREET AND NUMBER			-	011301		ZIP CODE		10n. CI	TIZEN OF	-	
8	537 Brook Road		1	21204		100		WINI CO				
Ž I	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II S	ADMED	40 140				US	_		
	1 Never Married 2 Married	FORCES? 1	YES 2	X O	If yo	es, spec	city Cuban, Maxico 2 NO Special	NIC ORIGIN? (Specify Yearn, Puerto Ricen, stc.)	or No—		E — Amer k, White,	
BY	3 X Widowed 4 Divorced	y:		Spec	y: Wh							
0	15. DECEDENT'S EDUC		16b. KIND OF BU		1							
E	(Specify only highest grade	completed)	WORK done during retired.)	DUSTRY								
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	ical			D-III		_				
COMPLETED		Baltim		Cour	ity							
	17. FATHER'S NAME (First, Middle, Last) Calvert Reister V		ME (First, Middle, Maiden	,								
BE		veris			Grace	e Baker Fo	ord					
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS (S)	treet and	d Number or Rural	Route Number, City or Tow	n, State, Zi	ip Code)		
-	Bruce C. Anders	on		1198	8 Glenside Ct., Hampstead, Md. 2107							
	208. METHOD OF DISPOSITION 206 BLACE AND DATE OF DISPOSITION											
	1 XBuriel 2 Cremation 3 Remo	oval from Stata	Cemetery, o	crematory or o	ther place)	Ma	morial					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Duit	ille y	22. NAM	ME AND	ADDRESS OF FA	Gardens T	Imon	ium,	_Md	
1	Papr	Lochs	tampfo	r				ell-Wiedefe	hla			
	taul Toc	hstam.	alou		10 W. Padonia Rd., Timonium,							
	23. PART I. Enter the diseasee, or c	omplications the	caused the	death. Do	not enter the	e mode	e of dying, suc	h ss cardlec or reepi	ratory ar	rest.	A	
	arrock, or maert renore.	Liet only one cau	se on sech III	na.							In	
	IMMEDIATE CAUSE (Finel disease or condition	100	41217	- 1	-		1	/			01	
	resulting in desth)	. RO	USK	aux	2 (14	719	nome	netan				
		DUE TO	OR AS A CONS	EOUENCE O	F): /				1 1	4		
Z I	Sequentially list conditions,	PANO	reagn	C	arci	10	mc-	netas	all	C	14	
Ĕ	If any, leading to immediate	DUE TO	OR AS A CONS	EQUENCE O	F):							
2	CAUSE (Disease or Injury	No										
TIFICATION	that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):							
S- 11	resulting in death) LAST										1	

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 - YES 2 NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

> 2 9

21093

Approximate Interval Between Oneat and Death

10 DAYS

4120

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place,

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

28b. TIME OF INJURY

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

20c. INJURY AT WORK?

1 YES

OTHER:

28. PLACE OF DEATH (Check only one)

2/ NO

ne 5 - Reeldenca 8 - Other (Specify)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOPKINS HOSPITAL OF SURGERY

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

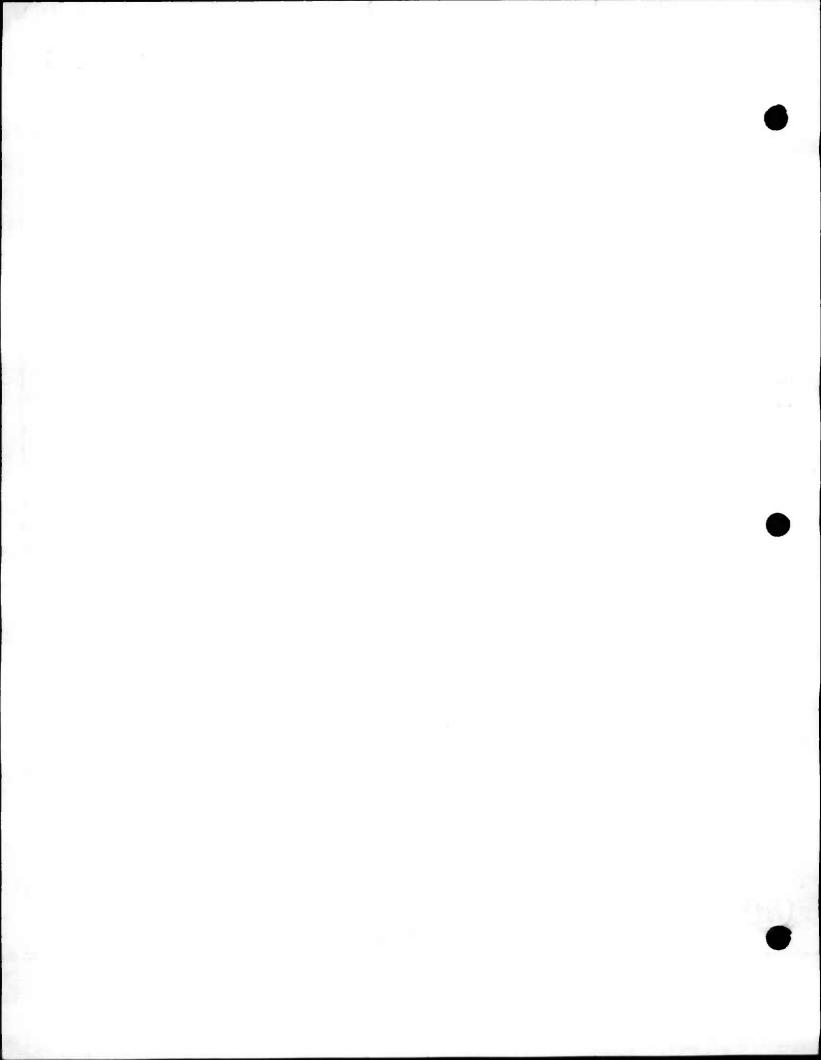
TOHNS HUPKINS

HOSPITAL:

28a. DATE OF INJURY (Month, Day, Year)

32. REGISTRATE SIGNATURE
Julia Davidson 28

dasale



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN	IE	1 63641	
	1. DECEDENT'S NAME (First, Middle, Last) HILDA J. B	ENNETT				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-07-1357		(In yrs. lest birthday) Q YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) AUG. 8,19	8. 9	HRTHPLACE (State or Foreign Jountry) BALTIMORE	
5	90. FACILITY NAME (If not institution, give : JENKINS MEMORIA	street and number)		96. CITY, TOWN BALTIMO	OR LOCATION OF DE		9c. COUNTY		
DINECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	Y	10c. Ci	TY, TOWN OR LOCA	100			10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER			BALTIMO	RE 1. ZIP CODE		10g. CITIZEN	1 X YES 2 NO OF WHAT COUNTRY?	
LONERAL	362 COLCHESTER RO. 11. MARITAL STATUS 1 Never Merried 2 Merried	AD 12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, s	21229 CENDENT OF HISPAN Decity Cuben, Mexices 3 2X NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	e or No— 14. I	S . A . RACE — American Indian, Black, White, etc. Specify:	
LEIEU BY	3 X Widowed 4 Divorced 15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondery (0-12)	CATION	16a. DECEOENT"	S USUAL OCCUPATE work done during m	ON	16b. KIND OF BU		WHITE	
COMPL	17. FATHER'S NAME (First, Middle, Last)	Conege (1-4 or 5 +)	SEAMSTR	ESS		GARMENT ME (First, Middle, Maiden	Sumeme)	ľRY	
ם מ	AUGUST JONES 190. INFORMANT'S NAME (Type/Print) JEROME G. KELLY				and Number or Rural F	RINE WALLB	vn, State, Zip Code		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	other place)	DERAL CE	metery, crematory or	BALTIMORE 20c. LC	OCATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI		EW CATHE	HUBBA	ND ADDRESS OF FA	AL HOME IN	ic.	E. MD. 21229	
Allecation	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a. Atteno Sc DUE TO (OR AS DUE TO (OR AS C. Hy fur	aech iine.	not enter the months of the mo	oda of dying, auc	h aa cerdiac or reap	iratory arreat,		
MEDICAL CE	PART II. Other eignificant condition	dne contributing to deeth	but not resulting	j in the underlyin	ig cauae given in		RMED?	24b. WERE AUTOPSY FINDINDS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO	
PHI SICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending 2 Accident Investigation	1 □ Inpatient 2 □ ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	4 Nursing Ho	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	ED	
ED DI	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, ecify)	, street, fectory, offi	ce	261. LOCATION (Street City or Town, State	and Number or R	lural Route Number,	
COMPLEIED		SICIAN: To the best of my kno ER: On the basis of examinati						use(s) end manner as stated.	
O DE C	296. SIGNATURE AND TITLE OF CERTIFIE	Mussell	(m)		29c. LICENSE NUM 0 30	182	29d, DATE SIG	SNED (Month, pay, Year) Z8/9/	
	30. NAME AND ADDRESS OF PERSON WI WILL AM M, 31. DATE FILED (Month, Day, Year)	RUSSE/	MD	(OOC	5. CA7	ON AVE	BAL	TO MO 21229	
	OCT 28 1991	Julie Kind	- Break						

TOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The provides of the provided by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The provided at an expectation of the provided prior traumatic event, the medical examiner must be notified at once.

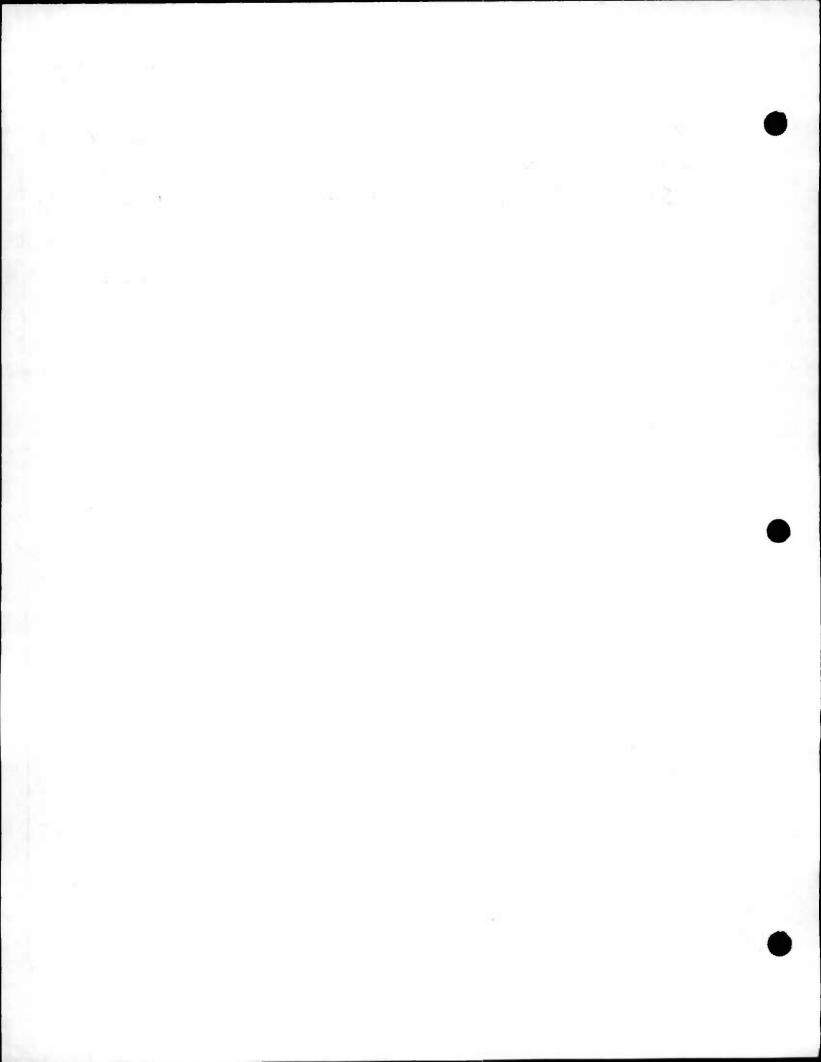
	REGISTRAR		CERTI	FICATE C	F DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last) Margaret B.	Hins Margo	ret Sara	h Bont	lino		DAYZ 6 TA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday			10	46 71	0630 N		
	217-03-4937	1 0 M 2 5 F	7 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTNPLACE (State or Foreign puntry)		
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOV	YN OR LOCATION OF D		9c. COUNTY C	F DEATH		
DIRECTOR	Mercy Hospitas	L		Ba	ltimore					
	10a. STATE 10b. COUNT	Υ	10c, C	ITY, TOWN OR LO	CATION		~	10d. INSIDE CITY		
		timore		Eastwo				LIMITS?		
FUNERAL	100. STREET AND NUMBER 7300 Bridgewood	Daine			101. ZIP CODE 21224		10g. CITIZEN C	OF WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	12 WAS		NIC ORIGIN? (Specify Y	u.) • #I •		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	3 2 NO	It yes	specify Cuben, Maxica YES 2 NO Specif	en, Puerto Ricen, etc.)	6	ACE — American Indian, lack, White, atc.		
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT	S USUAL OCCUP f work done during	ATION	18b. KIND OF B	USINESS/INDUSTR	Write		
19	Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT	use retired.)	most of working					
COMPLET	0		House	ework		At Ho	me			
	17. FATHER'S NAME (First, Middle, Last)	0.1	4.11		18, MOTNER'S NA	ME (First, Middle, Maide	n Surname)			
BE		Robert E.			Grace					
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	•		Route Number, City or To	wn, State, Zip Code,			
1	(harles J. Bartl	1	7300	-	wood Drive		d. 2122	4		
	1) Purial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		b. PLACEAND DATI	other place)	11		OCATION - City of	Town, Stata		
l i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. NAME AND ADDRESS OF FAMILY.									
	Charles S. Zeiler & Son Inc. Eastern Ave.									
	23. PART i. Enter the diseases, or o	complications that cause	ed the death. Do	not enter the	mode of dying, auc	h as cardiac or resi	piratory screat.	Approximate		
	Intervsi Betwee									
	, other and occ									
	resulting in death) a. Metustite leie my o sarcoma to lung DUE TO (OR AS A CONSECUTED EO F):									
Z										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	cause, Enter UNDERLYING CAUSE (Disease or injury									
造	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST									
馬	d									
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24									
EDICAL						PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 YES	2 NO	OF DEATH?		
2	1 VES 2 NO									
NA I	25. WAS CASE REFERRED TO MEDICAL 26 PLACE OF DEATH (Check code code code)									
PHYSICIAN	26. PLACE OF DEATH (Check only one) 1 VES 2 NO 1 Fingetiant 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)									
主	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. T/I	ME OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		WORK? YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm,	street, factory, or	fice	281. LOCATION (Street	and Number or Run	al Route Number		
COMPLETED	4 Nomicide datermined	building, att. (Spe				City or Town, State)			
7	29a. CERTIFIER CERTIFYING PNYSK	CIAN: To the best of my know	viedge, death occur	red at the time, d	ete and place, and due	to the cause(s) end ma	oner as stated.			
ő	one) 2 MEDICAL EXAMINE	RuOn the besis of examination	on end/or investigati	on, in my opinion	, death occured at the	time, date and place, a	nd due to the caus	e(e) and menner as stated.		
BE C	290. SIGNATURE AND SITURE OF DESTROYER	11/			29c. LICENSE NUM			ED (Month, Day, Year)		
0	10/1/2/1	Alun)	Milde	son			D10/2	6/91		
=	Man of a K. W. Cole	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type	D'C D	- 3.0	MD		-///		
	31. DATE FILED (Month Thay Year)	32. REGISTRAR'S SIGN	7	7	- Balt	110				
	31. DATE FILED (Houth, Day, Year)	Julia Davids	n-Rando 10					-		
			4							

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		OENTIF	CAIE	T DEALL	REG. NO).								
	1. DECEDENT'S NAME (First, Middle, Last) LINWOOD J. BAKIE 2. DATE OF DEATH MONTH DAY 0AT 1491 3:45													
		(In yrs. last birthday)	E there a ve											
		33 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	08	BIRTHPLACE (State or Foreign							
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOV	VN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH							
	STELLA MARIS		Ton	SON,	MD.	BALTIMORE								
8	10a. STATE 10b. COUNTY	10c. CITY	r, TOWN OR LO	CATION										
H	MD. haltimore	100.001		WC 5/2)			10d. INSIGE CITY LIMITS?							
	MD. baltimore		В	altimore			1 YES 2 NO							
RA				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?							
빌	2806 Linganore Ave.			21232		U.S	. Δ							
FUNERAL	11. MARITAL STATUS 12. WAS DECEOENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE American Indian, Black, White, atc.							
ВУ	1 Never Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 🗆	, specify Cuban, Maxico YES 2 NO Specif	in, Puarlo Rican, atc.) y:		Black, White, atc. Specify:							
				•			White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUST	RY							
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	n retired.)	most of working										
P		Foren	nan		Mary1a	and Cu	n							
ō	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Maiden									
	Joseph Bakie													
B	19s. INFORMANT'S NAME (Type/Print)	19h MAILING	ADDRESS (Care	Agnes	Slembake Route Number, City or Tow	er								
5							(-)							
- 1	Mrs. Alice M. Bakie	<u> 12806</u>	Linga	more Av	Ralto	- Md	21234							
	1 Burial 2 Cremation 3 Ramoval from State	b. PLACE AND DATE O metery, cremetory or oti		(Neme of	OATE 20c, LC	CATION — City	or Town, State							
- 1	4 Donatton 5 Other (Specify)													
	2. SIGNATURE OF PUREFUL SERVICE DICENSEE		22. NAME AND ADDRESS OF FACILITY											
_	Cour I Usum	,	Hartley Miller Funeral Home 7527 Harford Rd. Balto., MD. 21											
	23. PART / Enter the diseases, or complications that cause	d the death De-	1 /5	27 Harfo	ord Rd. I	Ralto.	MD. 21234							
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF	Art	tery Di	'sease		Onset and Death at time of death month							
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a, WAS AN AUTOPSY 124b, WERE AUTOPSY FINDINGS													
MEDICAL	Emphysema	ring ceuse given in	Pert i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO									
입					1 YES 2	⊘ NO	OF DEATH?							
_							1 TYES 2 NO							
A I														
o l	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
ΥS	1 YES 2 NO 1 Inpettant 2 ER/Out		OTHER: 4 D Nursing N	ome 5 - Rasidenca	6 Other (Specify)									
Y PHYSICIAN:	27. MANNER OF DEATH 1 Notural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURE	0							
BY	2 Accident Investigation 3 Suicide 6 Could not be	Y — At home, farm, st			201 I OCATION (C.	LOCATION (Street and Number or Rural Route Number,								
	4 Homicide detarmined building, atc. (Spe	cify)			City or Town, State)	ina Number of HL	If Houte Number,							
	An offerigin													
LETEC	29a, CERTIFIER	(Check only 1 LE CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated.												
MPLETEC	(Check only CERTIFYING PHYSICIAN: To the best of my know	rledge, death occurred	at the time, d	ete and place, and due	to the ceuse(a) and mar	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
OMPLETED	(Check only CERTIFYING PHYSICIAN: To the best of my know	riedge, daath occurred on and/or investigation	, in my opinion	ate and place, and due , death occured at the	time, data and placa, an	d due to the cau	ree(a) and manner as stated.							
COMPLET	(Check only CERTIFYING PHYSICIAN: To the best of my know	on and/or investigation	, in my opinion	death occured at the	time, data and placa, an	d due to the cau								
BE COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination	viedge, daath occurred on and/or investigation	, in my opinion	, death occured at the	time, data and placa, an	d due to the cau	NEO (A) and manner as stated.							
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination 29b. SIGNATURE AIM TITLE OF CERTIFIER (Casta C	on and/or investigation	, In my opinion	, death occured at the	time, data and placa, an	d due to the cau								
BE COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination 29b. SIGNATURE AIM TITLE OF CERTIFIER 30. NAME ANO ADDRESS OF PERSON WNO COMPLETED CAUSE OF DE	on and/or investigation	, In my opinion	, death occured at the	time, data and placa, an	d due to the cau								
BE COMPLET	(Check only 1 D CERTIFYING PNYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination one of the best of examination one of the best of the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of examination one) 2 MEDICAL EXAMINER: On the best of examination one) 2 MEDICAL EXAMINER: On the best of examination one) 2 MEDICAL EXAMINER: ON the best of my know one) 2 MEDICAL EXAMINER: ON	ATN (ITEM 27) (Type, I	, In my opinion	, death occured at the	time, data and placa, an	d due to the cau								
BE COMPLET	(Check only 1 D CERTIFYING PNYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination of examination of the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: On the best of my know one) 2 MEDICAL EXAMINER: ON the best of my know one) 2 MEDICAL EXAMINER	ATN (ITEM 27) (Type, I	, In my opinion	, death occured at the	time, data and placa, an	d due to the cau								



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IMPORTANT: If

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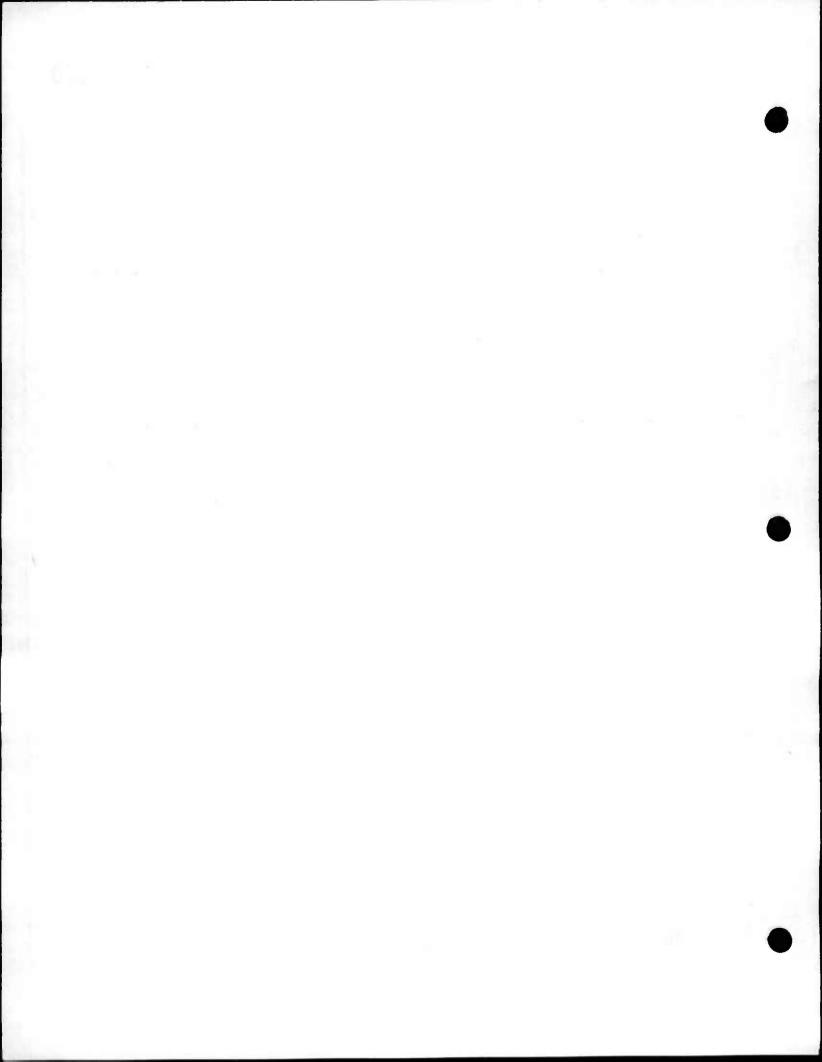
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29b. SIGNATURE AND TITLE OF CERTIFIER

29250 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 8:25 AM George E. Bardon TO-24-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6-23-07 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (Stete or Foreign 120-18-2182 1X M 2 | F DAYS HOURS YRS New York Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris DIRECTOR Towson Baltimore RESIDENCE OF DECEDEN 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore TX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1336 W. 41st. St. 21211 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Maxican, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 3 Divorced BY 1 TYES 2 NO Specify Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Fund Raiser Catholic Church 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Patrick Bardon Agnes Fitzpatrick BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Lea A. Kurek 2913 Oakcrest Ave. Balto., Md.21234 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 206. METHOD OF DISPOSITION

1 Graduation 3 Removal from State
4 Donation 5 Other (Specify) New Cathedral Cemetery Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd. Balto., 23. PART 1. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line intarvai Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Recurrent Strokes reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ADV. A S C V D CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING Parkinsons Disease CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 NO □ ER/Outpetient 3 □ DOA Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? DATE OF INJURY 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28a PLACE OF INJURY — At home, farm, street, fectory, office pullding, etc. (Specify) 8 Could not be COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the pest of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) end menner es atated. 2 MEDICAL EXAMINER: On the been of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end manner es stated.

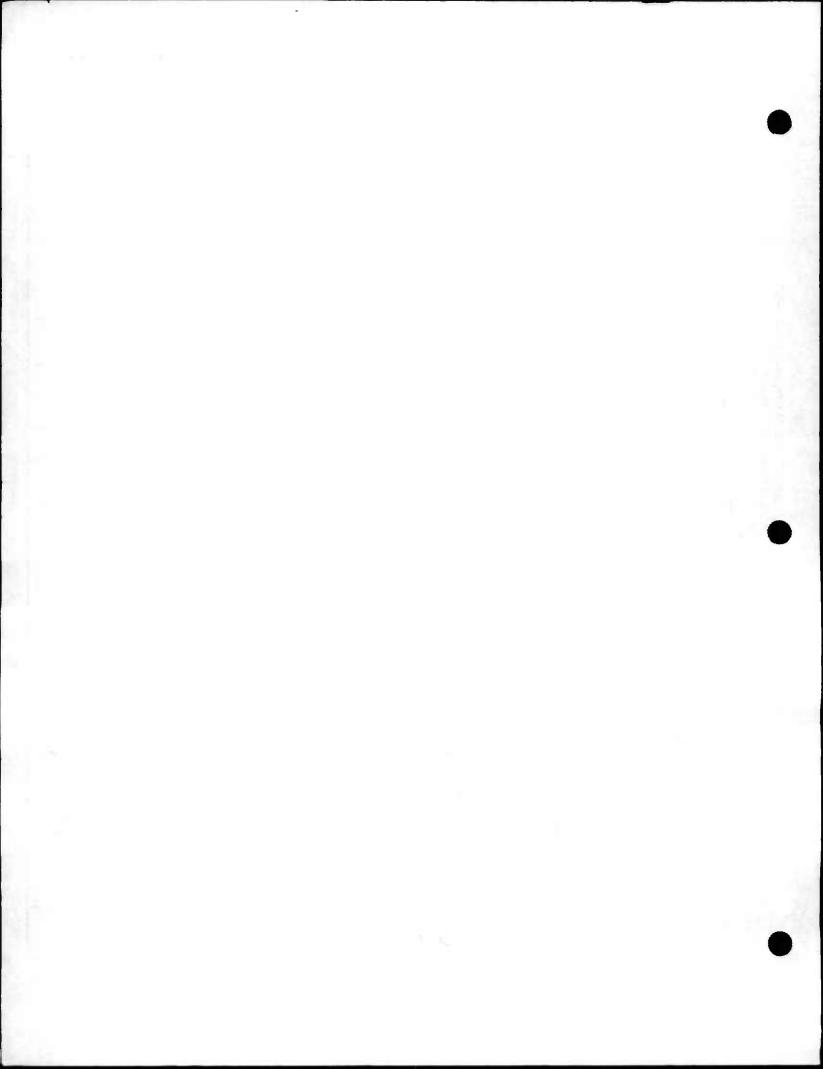
29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Eddie Nakhuda 2300 Dulaney Valley RD. Towson, Maryland 21204 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 28 1991 **DNMN-18 Rev 1/89**



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TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR													
1. DECEDENT'S NAME (First, Middle, Last) EARNEST G. BROWN								2. DATE OF MONTH	DEATH 2	Í	YEAR 91	3. TIME O	F DEATH
4. SOCIAL SECURITY NUMBER 219-22-3795	5. SEX 1 XM 2 F	6. AGE (In yrs. I	lasi birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	BIRTH 28				co.
9a. FACILITY NAME (If not institution, give	street and number)	<u> </u>	7	9b. CITY	r, TOWN	OR LOCATI	ON OF DE				NTY OF O		
UNION MEMORIAL	HOSPIT	AL			BAL	TIMO	RE						
10a. STATE 10b. COUNT	TY		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSII	DE CITY
MARYLAND			I	BALT	IMO	RE C	ITY					1X YES	2 NO
10e. STREET AND NUMBER					10	r. ZIP COD	121	0		10g. CITI		WHAT COUP	ITRY?
770 E. 36th S	TREET	T EVED IN II S	ADMED	12	WAS DE			O IC ORIGIN? (Speaky Vee	ar No. I	US.		on todien
1 X Never Married 2 Merried 3 Widowed 4 Divorced		YES 2	NO		If yes, sp		n, Maxica	n, Puerto Ric		or 140—	Black	E — Americ k, White, et ^{ffy:} Bla	ack
15. OECEDENT'S EDI (Specify only highest grad	UCATION	18a. I	DECEDENT'S	S USUAL O	CCUPATI	ON and worth		18b. K	IND OF BUS	INESS/IND	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+		life. Do NOT L	use retired.)	ouring me	osi or worki	rg						
17. FATHER'S NAME (First, Middle, Lest)								ME (First, Mid		Surname)			
JACK BROWN						1		IA BR					
19a. INFORMANT'S NAME (Type/Print)			196. MAILIN					Poute Number,	LTIM			27	218
ALEASE BROWN 200_METHOD OF DISPOSITION		20b. Pl A4	CE ANO DAT				VEE.	DATE		CATION -	_		210
1 ABurial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)			RISC	N F	ORES	ST V		CEM				LLS,	MD
21. SIGNATURE/OF FUNERAL SERVICE LICENSEE LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207								OME					
23. PART I. Enter the diseases, or shock, or hasfrt feilure immeDiate CAUSE (Final disease or condition resulting in death)	. Liet only one cau	se on each ii	ne.	not anter	600 r the me	LIB ode of dy	ing, suc	h se cardia	GHTS c or respin	AV.	rest,	App	207 proximate prval Betwe
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shock, or haght feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, If any, leeding to immediate	a. Esty DUE TO DUE TO C.	shage on as a cons nun h	af (BEOUENCE (BEQUENCE (not anter	600 r the me	LIB ode of dy	ing, suc	h se cardia	GHTS c or respin	AV.	rest,	App	207 proximate prval Between
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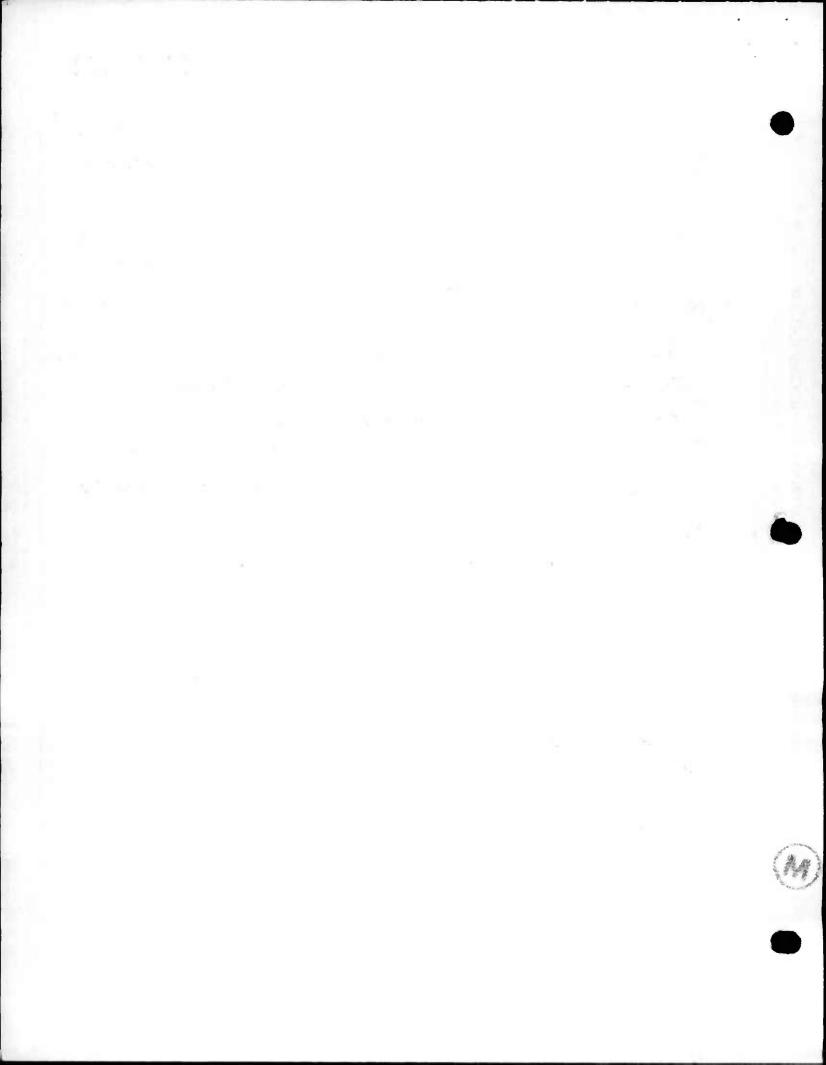
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TO BE COMP	O RE COMPIETED BY DHYSICIAN MEDICAL CERTIFICATION	C
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oval.	he first within 72 hours after duam with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	25
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tter death. Page 6 may be retained by the hospi	FITTING OR ATTENDING PARSONAL The law requires that the death certificate be executed within Jus after death. Page 6 may be retained by the hospi	gr.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEA	TH	REG. NO.

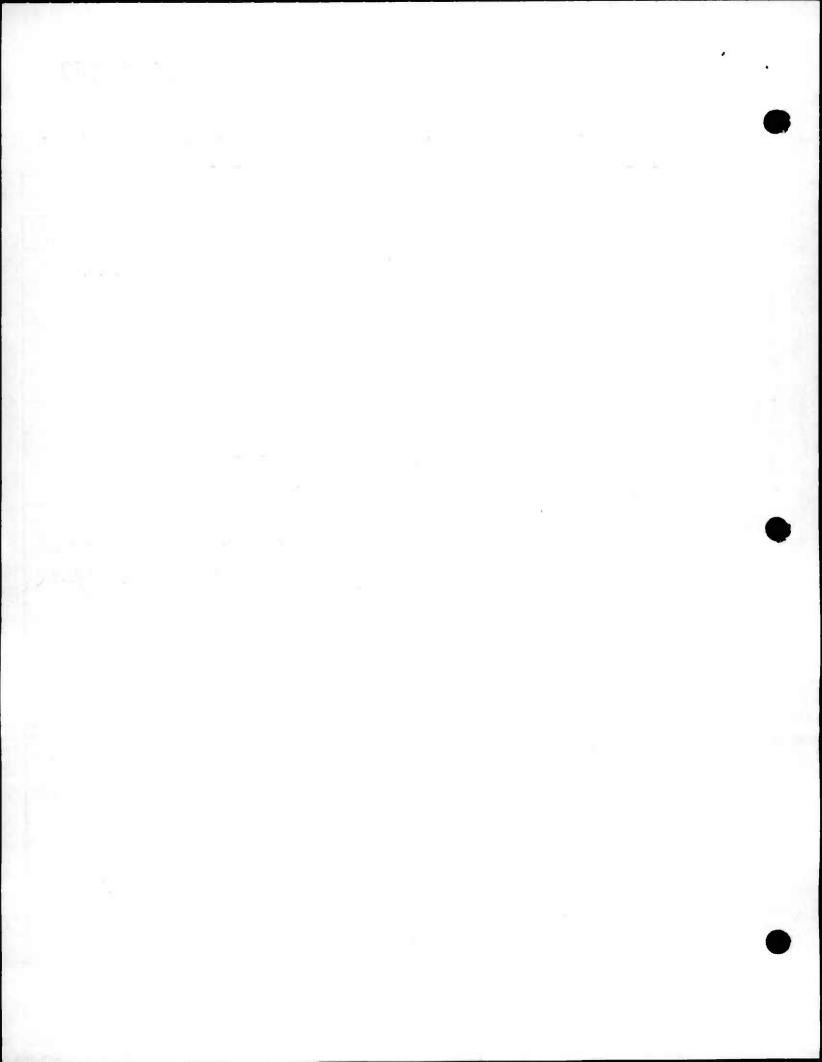
FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last) LOUISE E	OWEN			2. DATE OF DEATH MONTH 10 - 24 - 9	YEAR 3. TIME OF DEATH PM			
4. SOCIAL SECURITY NUMBER 052 - 22 - 9427 94. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F 6. AGE	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E	(Month, Day, Year) S-28-09 MARYLAND					
SAINT JOSEPH RESIDENCE OF DECEDENT	,		TOWSON	The state of the s	BALTO			
10e. STATE 10b. COUNT	BALTO		OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
1380/ YORK	RD		101. ZIP CODE 2/03	3.0	USA			
1 Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yea, apecify Cuban, Mexic 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yee or No— can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEOENT'S EO (Specify only highest grad		16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	18b. KIND OF BUSINESS/IN	OUSTRY			
17. FATHER'S NAME (First, Middle, Last)	ACWILL AM	I TRINCIT	18. MOTHER'S N	IAME (First, Middle, Melden Surname)	LY 7CHOOT 7X2.			
19e. INFORMANT'S NAME (Type/Print)	TOROS		DRESS (Street and Number or Rura	Il Route Number, City or Town, State, Zi	(p Code)			
20e. METHOD OF DISPOSITION 1 Surial 2 Crematton 3 Red 4 Donetton 5 Other (Specify)	novat from State	other place)	ON (Name of cemetery, cremetory or	20c. LOCATION -	- City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEF NOMS IN	SAL S	22. NAME AND ADDRESS OF P	ROAD-lime	es Orange			
23. PART I. Enter the diseeses, or shock, or heert failure immediate CAUSE (Finel diseese or condition resulting in death)	s. CEREB	eech line.	4	ACCIDENT	Interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	с	A CONSEQUENCE OF):						
PART II. Other eignificent condition	RT II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 25 NO 24b. WERE AUTOPS ANALIABLE PR COMPLETION OF DEATH?							
25. WAS CASE REFERRED TO MEDICAL	1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No length of the part of the pa								
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b, TIME O MJURY	26d. DESCRIBE HOW INJURY OF	CCURED				
2 Solicide 3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
anal anny				us to the cause(s) and manner se st				
296. SIGNATURE AND TITLE OF CERTIFI	m)		29c. LICENSE N	5886 ≥ 29d. DA	TE SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON W CEBACOS 31. DATE FILED (Month, Day, Year)	1 . D . — ST	· 5056	PH HOS	PITALTOU	SIZ CM, NOW			
OCT 28 1001	10. K.	the same						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ed by the hospital or attending obysician
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	d at once
OF CAMPINITY IN PRINCIPLE AND ADDRESS OF THE	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First,	Adjulation (and)			-111111	ICATI	_ 01	DEA	111	REG.				
. 1	I. DECEDENT S NAME IF ISS.	MICOP (BSI)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
				JEAN M.	CULI	LISON	J			OCT. 23, 1991 YEAR 11:05 p. A				
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
	217-26-9809		1 🗆 M 2 📝 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	4-12-19	20	MARYLAND		
	9e. FACILITY NAME (If not in	etitudian alma		01										
~	Se. Thole I'l How I'll hot wi	amunori, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						NTY OF DE	EATH	
DIRECTOR	403 TRAPPE ROAD RESIDENCE OF DECEDENT							DUN	DALK		1	BAITT	MORE	
5													HORE	
2	10a. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION		"			10d. INSIDE CITY	
ā	MARYLAND BALTIMORE							DH	VDALK				LIMITS?	
닐ㅣ	10e. STREET AND NUMBER						100	. ZIP COD			1			
2				1.0	1. 2IF COD			10g. C11		HAT COUNTRY?				
FUNERAL	403 TRAPPE	RUAU							212			u.	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (Specify	Yea or No-	14. RACE	- American Indian,	
ВУ	1 Never Married 2		IF YES, GIVE W	AR OR DATES	10			2 XNO		n, Puerlo Ricen, etc.		Black, White, etc.		
	3 Widowed 4 Divo	rced			TES 2 DAGO Specify:						WHITE			
	15. DECI	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCLIPATIO	ON		16h KIND OF	BUSINESS/INC	MICTON		
	(Specify only Elementary/Secondary (0-	highest grade		(G	Do NOT us	work done	during mo	st of worki	ng	TOO. KIND OF	DOSINESSAINU	JUSTRY		
7		-12)	College (1-4 or 5 +	,			2=0			2000				
Σ	12TH GRADE		N/A		ROOK	KEET	ŁK					HOPE	CHURCH	
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Mail	den Surname)			
ш	LOUIS MICHE	T						1 70	SFP	HINE WILL)			
B	19a, INFORMANT'S NAME (7)	pe/Print)		198	. MAILING	ADDRESS	(Street)			loute Number, City or		0-41		
2	NEMIETH OU	170011												
į	KENNETH CUL				<u> 403 7</u>				BAI	LTIMORE,	MARYLA	INU	21222	
1	20a. METHOD OF DISPOSITION 1 □ Burlet 2√√Cremetton		ment from State	20b. PLACE	ND DATE	OF DISPOS	ITION /No	ame of		DATE 20c.	LOCATION -	City or Toy	vn, State	
	1 Donetton 5 Other			cemetery, cred	P ST	RVT(F C	ORP	10-	-25-91	TOWSON	J MA	RYLAND	
	21. SIGNATURE OF BUNERAL	seppice Lig	EPISEE /	7 /	//				SS OF FAC		100001	1,0	III LITTO	
	b(1//	1 0	h/ 7	// /	/	T	nida	-Ruc	k Fur	neral Hom	e of I	nında	112	
	no	m'	1 . Kes	in/		1 3	1922	INT S	FAUT	ENUE DUNC	AIK MT) 2	1222	
	23. PART I. Enter the dis	seases, pro	omplications that	caused the de	ath. Do n	ot enter	the mo	de of du	ing such	es cerdies es es	animates and			
H	onock, bi fie	art renure.	rist offis nue cen	se din each line.									Approximate interval Between	
1	IMMEDIATE CAUSE (Fine) disease or condition La LOGA A A A A A A A A A A A A A A A A A A													
	disease or condition -> a HWCCOCCMULA of Malignancy 4 mps													
	resulting in death) a. The Consequence of:													
-	immediate cause (Finel disease or condition reaulting in death) a. Harcland of Malignany 4 mos 4 mos 5 Sequentially list conditions, If any, leading to immediate b. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF).													
A	If any, leading to immediate cause, Enter UNDERLYING													
5	CAUSE (Disease or injur		h											
	that initiated eventa resulting in death) LAST		DUE TO	DR AS A CONSEC	UENCE OF	7):								
# 1	resulting in death) LAST		f											
MEDICAL	PART II. Other aignifican	ondition.	contributing to	death but not re	reaulting in the underlying cause given						AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
5											ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 YES	2 NO		OF DEATH?	
_										_ :			1 TYES 2 NO	
PHYSICIAN:														
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
S	1 YES 2 NO		HOSPITAL:	ER/Outnatient 3	DOA	OTHER			-1.4					
Ì	27. MANNER OF DEATH		28s. DATE OF		26b. TIME			_	attenca (Other (Specify)				
	_	ending	(Month, Da		INJ			RK?		26d. DESCRIBE HO	W INJURY OCC	URED		
à		rvestigation				М	1 🗆 ነ	ES 2	NO					
- 1		could not be	26a. PLACE OF	INJURY — At horate, (Specify)	ne, farm, a	treat, facto	ory, office			281. LOCATION (Stre	et and Number	or Rural Ro	oute Number,	
# I	4 Homicide d	etarmined	ounding, i	itt. (Specify)						City or Town, Sti	ife)			
COMPLETED	29a. CERTIFIER	. Inc. in con-	3											
€	(Check only	FYING PHYSIC	CIAN: To the best of I	my knowledge, des	th occurre	d at the ti	me, date	end place,	and due t	to the ceuse(s) and r	nanner aa atat	id.		
5 I	2 MEDIC	AL EXAMINE	R: On the beals of ax	amination and/or in	rvestigation	n, in my o	pinion, d	eath occur	ed at the t	Ime, data and place,	and due to the	e cause(s)	and menner as stated.	
		OF CENTIFIER				_								
H H	V. Alt	7110	1 mi	2				29c. LICE	NSE NUM	BER	29d. DATE	SIGNED	Morm, Dis Year)	
0	100	nou						D3	554	e of	1	10/2	4/9/	
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)						/		
	John Downe	s M.D.	. 75	05 Osle:	r Dr.	. Sui	te	504				/		
	31. DATE FILED (Month, Day, N	bar)	12. REGISTRAF	'S SIGNATURE										
	OCTOR	1001	1.2. K.	dson-Rand	.00									
	20.00	1331	ma wavy	ason-Hand	مالاك									



TO THE HERE OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLACE PROTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 2 than 28 its marked, or leften 23 shows any Injury, or other transmalls event the marked is applicable.

1	FOR STATE REGISTRAR		STATE OF I	MARYL	AND / DEPAI CERTIF	RTME	NT OF I	HEALTH	I AND	MENT	TAL HYGIEN		29	254	
	1. DECEDENT'S NAME (First, Mi	ddle, Last)									TE OF DEATH			3. TIME OF DEATH	
	FRANCO COLUS	SSI								MO		YAY	YEAR	02m A	
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE	(In yrs. last birthday)	IF UND	ER 1 YEAR	IF UNDE	ER 24 HRS.	7. DAT	TE OF BIRTH		_	PLACE (State or Foreign	
	215-40-9350		1 X M 2 F	64	YRS.	MONTH	DAYS	HOURS	MIN.		. 27, 19	226	Country	ALY	
	90. FACILITY NAME (If not institu	ition, give si	treet end number)			9b. CI	TY, TOWN	OR LOCAT	TION OF D		• 4/ 9 1:	7	UNTY OF DE		
8	ST. AGNES	HOS	PITAL				BAI	TIMO	DRE						
5	RESIDENCE OF DECEL					_						1			
DIRECTOR	MARYLAND	b. COUNTY D A 1	LTIMORE		10c. Cf	TY, TOWN	OR LOCA							10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	DA	LITHORE					TIMO						1 TES 2 X NO	
BY FUNERAL	1121 GL	ODT A	AVENITE				10	1. ZIP COL						HAT COUNTRY?	
l W	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED								1227				S.A.		
5	1 Never Married 2 1 Me	rried	FORCES? 1	YES	2 NO	10	if yes, sp	ecify Cub	an, Mexic	an, Puert	GIN? (Specify Yello Ricen, etc.)	e or No-	14. RACE Black	- American Indian, White, etc.	
	3 Widowed 4 Divorced		IF YES, GIVE V	MAR OR D	ATES ~	1 TYES 2 X NO Specify:					Specif	Specify: WHITE			
요	15. DECEDE	NT'S EDUC	CATION		16a. DECEDENT'S	USUAL OCCUPATION 16b. KIND					6b. KIND OF BU	CINECO/IN	DUSTRY	WILLE	
ᇤ	(Specify only hig Elementary/Secondary (0-12)	nest grade	College (1-4 or 5	+1	(Give kind of life. Do NOT u	work don	e durina mo	ost of work	ing			J. 1200/110	DOSTAT		
<u> </u>	2 YRS COLLEGE TILE SETTER TILE COMPANY														
COMPLETED	17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme)														
BE	PETER COL	USSI							MAR]			ĺ			
10 8	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)														
	CRISTINA P.	COLU	JSSI								TIMORE,			77	
5	20a, METNOD OF DISPOSITION 1 A Burlel 2 Cremetion	1 Pame	wal from State	20b	PLACE AND DATE	OF DISPO	SITION (No						City or Tov		
	4 Donation 5 Other (Spe	city)		_ Cam	Loudon P	ark	Ceme	terv	7	10	/29 E	BALTT	MORE		
	21. SIGNATURE OF FUNERAL SE	INVICE LIG	ENSEE,			- 27	NAME A	ND ADDRE	ESS OF FA	CILITY					
D X D	1.1	N	1								HOME IN		. D. II .	m 01000	
2	23. PART I. Enter the disea	ses, or c	omplications tha	t caused	the death. Do	not ente	r the mo	de of dy	(Ing. suc	AVE	NUE DAI	T TMC	OKE, I	MD. 21229	
6	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										Interval Between				
	disease or condition										Oneat and Death				
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										Ammediate				
Z															
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	1.													
	that initiated eventa resulting in death) LAST		DUE TO	(OR AS A	CONSEQUENCE O	F):									
E E	resulting in death) LAST	٥													
10	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS														
S	130	EN	TIAL	He	1ph Fr	28/12	1	y oddaio	given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA				1	1	100	<i>V</i>				1 TYES 2	S NO		COMPLETION OF CAUSE OF DEATN?	
Σ										_	1			1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO ME	DICAL					00 DI	ACE OF F	AF ATAL CO.						
200	EXAMINER?		HOSPITAL:	/spin.	Itlant 3 DOA	OTHE	R:	ACE OF D							
Ξ	27. MANNER OF DEATH		28e. DATE OF	-	28b. TIM		28c. INJ		esidence		ner (Specify) ESCRIBE NOW II	H III MY OO	CURE		
	1 Naturel 5 Pend		(Month, D	my; Year)	INJ	URY		RK?	NO	200.0	LOCKIDE NOW I	NJOH! OC	CONED		
ЭВУ	2 Accident Invest	d not be	28e. PLACE O	F INJURY	- At home, ferm,	rtreat, fac		_		28f. LO	CATION (Street a	and Number	or Burni Bo	usto Mumber	
E I		mined	building,	atc. (Speci	Ty)					Cit	y or Town, State)		. St. Harter PRO	. turnon,	
COMPLETED	290. CERTIFIER CERTIFY	NG PNYSIC	IAN: To the best of	my knowle	adre deeth con	d et 15	time det								
JWI	(Check only one) 2 MEDICAL	EXAMINER	: On the basis of ex	camination	end/or investigation	n, in my	opinion, de	end piece	, and due red at the	time de	euse(e) end men	ner se sta	ted.	end manner ee stated.	
	290. SIGNATURE AND TITLE OF			-											
BE	no 4 me	eler	TWO						-72			29d, DAT	ed. DATE SIGNED (Month, Day, Year)		
12	30 NAME AND ADDRESS OF DE	SON MAN	COMPLETED SAME	F 05 55				10	- 10	23		- /	120	1 11	

DR. MAX MILLER

31. DATE FILED (Month, Day, Year)

OC 28 1991

1047

INGLESIDE

AVENUE

BALTIMORE,

MARYLAND

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMEN	OF H	EALTH AND DEATH	MENTA	L HYGIEN		0.00			
	1. DECEDENT'S NAME (First, Middle, Last) Walter	S. Cla	rk				2. DATE MONT	OF DEATH	ž 91	YEAR	3. TIME OF DEATH	ρм	
	4. SOCIAL SECURITY NUMBER 174- 18- 1932	1 💢 M 2 🗆 F	(In yrs. lest birthday) 78 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) AUG	OF BIRTH h, Day, Year) 12, 19	13 W.	e. BIRTHP Country) PRO	BEDFORD O	CO	
STOR	*WASHINGTON COUNT WASHINGTONECOUNTY RESIDENCE OF DECEDENT	Y HOSPITAL HOSPTAL		96. CITY, TOWN OR LOCATION OF DEATH HAGERSTOWN, MARYLAND						SG. COUNTY OF DEATH WASHINGTON			
L DIRECTOR	100. STATE 10b. COUNT PENNA R 100. STREET AND NUMBER	EDFORD		EDFO	RD						IOd. INSIDE CITY LIMITS? I YES XXXXX		
FUNERAL	RD#2 BOX 49				101	15522			USA	EN OF WI	N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- if Yea, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:						14. RACE — American Indian, Black, Whita, atc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(Give kind of	CEDENT'S USUAL OCCUPATION No kind of work done during most of working 18b. KIND OF BUSIN						STRY		\dashv		
APLE	Elementary/Secondary (0-12)	LABORE	,				CHEM	ICAL					
	17. FATHER'S NAME (First, Middle, Last) SIDNEY G. CLARK					16. MOTHER'S N		Middle, Maiden	Surname)			\exists	
ם מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number or Rural	MARY VEACH						
2	MRS. BERTHA CLARK	10112 BOX 47, BEDFORD, FA, 13322											
200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION - CREMENTY); CHINGRY;								C PO					
CERTIFICATION	22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death interval Between Onset and Death Approximate interval Between Onset and Death												
MEDICAL	PART II. Other significant condition	ut not resulting	in the un	deriying	cause given in	Part I.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (Ch	neck only on	0)				\exists	
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpo	28b. TIM	4 🗆 Nun		5 🗆 Residence		(Specify)	IIIBA OCCII	IDEO.		4	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY M	1 🗌 Y	RK? ES 2 NO	200. 500	CHIBE HOW I	JOHI OCCU	neu		-1	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, (irm, atreet, factory, office			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				٦		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge: R: On the besis of examination	edge, death occurre and/or investigation	nd at the ti	me, data pinion, de	and place, and due	to the cau	se(a) and man	ner as stated	l. Ceuso(a) a	nd manner as stated.		
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE					29d. DATE S	SIGNED (Month, Pey, Year)				
	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	iell RD	4126	DA		MD	2	1740	7.				
		2 1991 Sun	ia Davidson	- Hand	100								

AD 19 U _ 0 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The set the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate and the standard physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State December and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN	NE .	23230		
	1. OECEDENT'S NAME (First, Middle, Lai. Gertrude	Me]		Cox		2. DATE OF DEATH	W VEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213 10 2722 9e. FACILITY NAME (If not institution, give	1 □ M 2 💢 F	AGE (In yrs. lest birthdey) 74 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, pay, Year) March 16,	1 0 0	INTHPLACE (State or Foreign ountry) Aryland		
стоя	1206 Valley Rd.	_			on Location of D Pasadena	EATH	9c. COUNTY O	e Arundel		
L DIRECTOR	2	Anne Arundel		FY, TOWN OR LOCA		adena		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
NERA	1206 Valley R			10	of. ZIP CODE 211	22		of WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YER IN U.S. ARMED YES 2 THO OR DATES	13. WAS DEC It yes, as 1 \(\subseteq \text{YES}	RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION rade completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during me se retired.)	ON ost of working		Box Company			
BE COM	17. FATHER'S NAME (First, Middle, Lest) David		Tours	18. MOTHER'S NA Mary	18. MOTHER'S NAME (First, Middle, Maiden Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print) Patricia Reed			ADDRESS (Street A		Pasadena		21122		
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Commetery, crematory or of Glen Have	ther place)	lame of		CATION - City or			
	21. SIGNATURE OF FUNERAL SERVICE	Demuk		McCul 3204	lly Funer Mountain	al Home of	Pasade	ena		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):									
ZAL	PART II. Other eignificent condition	ona contributing to dea	ath but not resulting i	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL					′		1 TYES 2 NO		
SICI	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che					
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER	JURY 28b. TIME		JURY AT ORK?	8 Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCURED	,		
	3 Suicide 8 Could not be determined	28 - DI ACE OF 191	JURY — At home, farm, st . (Specify)	treet, factory, office	•	and Number or Run	al Route Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY:	SICIAN: To the best of my	knowledge, death occurre- instion and/or investigation	d at the time, data n, in my opinion, d	and place, and due leath occured at the	to the cause(s) and man time, data and place, and	iner sa stated, d due to the caus	e(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	Forbo	ity M. P.	2.	29c. LICENSE NUM	938	29d. DATE SIGN	1EO (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W	GONGAT.	OF OEATH (ITEM 27) (Type,	Print)	nahai	TRd.	5/ec 1	Burniemo		
	**************************************	file mostnars	SIGNATURE .							



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DIVISION OF VITAL RECORDS, P.O.	ne Li
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THE MICENSIAL OR ATTENDING PHYSICIAN: The law requires that the man that he executed within 24 hours after death. Page 6 may be retained by the host	TO HE TO WAIL OF RECTOR, Affect his certificate has been signified by the manner of an and completely filled in by the funeral director, page 5 should be detached to manner of the funeral director, page 5 should be detached to manner of the funeral death with the State Denit of Health and Mental Hotelne briof to burial containing or removal.	MPDRTANT. If Imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	9	2	9	2	5	7
	SECENTIAL MANE OF THE ABOVE A		_	_				_

	1 - STATE REGISTRAR	STATE OF N					IEALTH DEAT		MENTAL HYG		1 4	2231		
	1. DECEDENT'S NAME (First, Middle, Last)	1001	PH S. D						2. DATE OF DEAT	TH DAY	VEAR 1991	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	н	8. BIRTNP	9:55 a.m. M		
		1 M 2 D F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	10-6-1		Country)	YLAND		
æ	9e. FACILITY NAME (If not institution, give stre		D 4 T				OR LOCATIO		EATH	9c, COL	INTY OF DE	ATN		
010	THE JOHNS HOPKIN	S HOSPI	IAL		BA	RE								
DIRECTOR	10e. STATE 18b. COUNTY			10c. CITY, TOWN OR LOCATION 1								10d. INSIDE CITY LIMITS?		
	MARYLAND BA 10a. STREET AND NUMBER	LTIMORE					DUNDA					1 TES XX NO		
ERA	7858 ROCKBOURNE R	OAD		101. ZIP CODE 21222						16g. CIT		HAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED 13. WAS DECEMBENT OF HISPANIC ORIGINS (S.					NIC ORIGIN? (Speci	ly Yee or No-	14. RACE	S.A. - American Indian,		
ВУ	1 Never Married 2 Merried FORCES? VIX YES 2 FYES, GIVE WAR OR DATES						ecify Cuber		in, Puerlo Rican, etc y	C.)	Black, Specify	White, etc.		
	15. DECEDENT'S EDUCATION 18e.				DECEDENT'S USUAL OCCUPATION 166, KIND OF BUSINESS/INDUS							WHITE		
LET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	(G.	ive kind of a Do NOT us	work done se retired.)	during mo	sl of working	9	Tool Hind O	0031112337114	DOSTRI			
COMPLETED	12TH GRADE N/A WELDER BETHLEHEM ST							STEE	L					
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) TOUNT DIMAPTIMO													
) BE	10HN DAMARTINO 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
٩	ANTONIETTI E D'HADTINO											21222		
	20a. METNOD OF DISPOSITION 1 Viguriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											n, State		
	4 Donetion 5 Other (Specify)	NISEE/	LSACRE	D HEA	RT	OF J	ESUS ID ADDRES	10-	28-91	BALTI	MORE.	MARYLAND		
-		11)							NERAL HO	ME OF 1	DUNDA	LK INC.		
	PART I. Enter the diseases, or co	molications that	caused the de	oth Do		1922	WISE	AV	ENUE D	UNDALK	MD			
	shock, or heart failure. Li IMMEDIATE CAUSE (Final	at only one caus	e Dn each line		iot anter	the mo	de or dyli	ng, muc	n aa cardiac or i	eapiratory ar	reat,	Approximate Interval Between		
	disease or condition a. Our who seems seems on the consequence of the										Onset and Desth			
	u.													
NO N	Sequentially list conditions, B. So well is cleaned DUE TO (OR AS A CONSEQUENCE OF):											72 h		
CAT	ii any, reading to ininfediate											726		
E	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	d.		wow.	1		1								
DICAL	PART II. Other algnificant conditions	contributing to	death but not n	eaulting l	n the un	nderlying	cause g	iven In	Part I. 24a, WA	S AN AUTOPSY RFORMED?		VERE AUTOPSY FINDINGS		
oid	hyperchelestere	Simes	Smok	100	(0)	1000	o jus	eta	1 TY	S 2 KNO	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
. M	phoses suga	y er	iledu	5 6	ren	rezu	ener	1	_		1	TES 2 TO NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DE	ATN (Ch	eck only one)					
SIC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	a :			8 Other (Specify)					
H	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF I (Month, Os)		28b. TIM		28c. INJI	JRY AT		26d. DESCRIBE N		CURED			
BY	2 Accident investigation	20. 01 405 05	minume and		М		ES 2 🗌	NO						
TED	3 Suicide 8 Could not be determined	building, e	INJURY — At hor tc. (Specify)	me, tarm, s	treet, fect	ory, office			281. LOCATION (St City or Town, S	reet and Number State)	or Rural Rou	ite Number,		
COMPLETED	29e. CERTIFIER (Check only	N: To the best of r	ny knowledge, des	nth occum	d at the ti	Ime date	and place	and due	to the enumers and					
OM	one) 2 MEDICAL EXAMINER:	On the basis of ext	emination end/or is	nvestigstio	n, In my o	pinion, de	ath occure	d at the	time, date end plac	e, end due to th	red. Te ceuse(e) d	and menner se stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEP			-		fonth, Day, Year)		
10	7 · VA	in the	aw				(TH)	(+		•	10/2	4(9)		
	30. NAME AND ADDRESS OF PERSON WHO					t. 1	3024	1. W	SIS CU	05	05			
	31. DATE FILED (Month, Day, Year) UCL 28 1991		'S SIGNATURE	-										

Marketin Jahren Bank

l. 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760. requires that the death certificate be

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at new.
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91 29258 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Arthur Davis 10 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Your 8. BIRTHPLACE (State or Foreign DAYS 219-12-9424 1 XM 2 F 65 YRS. 5-16-26 MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 321 E. LAFAYE BALTIMORE CITY LAFAYETTE AVENUE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CITY YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 321 E. LAFAYETTE 21202 AVENUE U.S.A. 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yea. apecify Cuban, Maxicon, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxicon, Puerte Ri

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Grade 11th BARTENDER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James Davis Bessie Turner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Annie Elizabeth Jefferson 321 E. LAFAYETTE AVE./Baltimore, Md. 21202 20a. METHOD OF DISPOSITION
| Duriel 2 | Cremetion 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Garrison Forest VA Cem. Owings Mills, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY WM.C. MARCH FH 1101 E. NORTH AVENUE 23/PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ 5months resulting in death) CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES NO OF DEATH? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | OOA OTHER: ng Home 9 Residence 6 - Other (Specify) 27. MANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, affice building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number. City or Town, State) COMPLETED 6 Could not be 4 Homicide determined

29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred MEDICAL EXAMINER: On the best of examination end/or investigation,	at the time, data and place, and dua to the cause(s) an in my opinion, death occured at the time, date and ple	d menner se stated, ce, end due to the ceuse(s) and manner se stated
296. HEALTHE AND TITLE OF CRETTE PER AND TITLE PER AND TITLE PER AND TITLE PER	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)

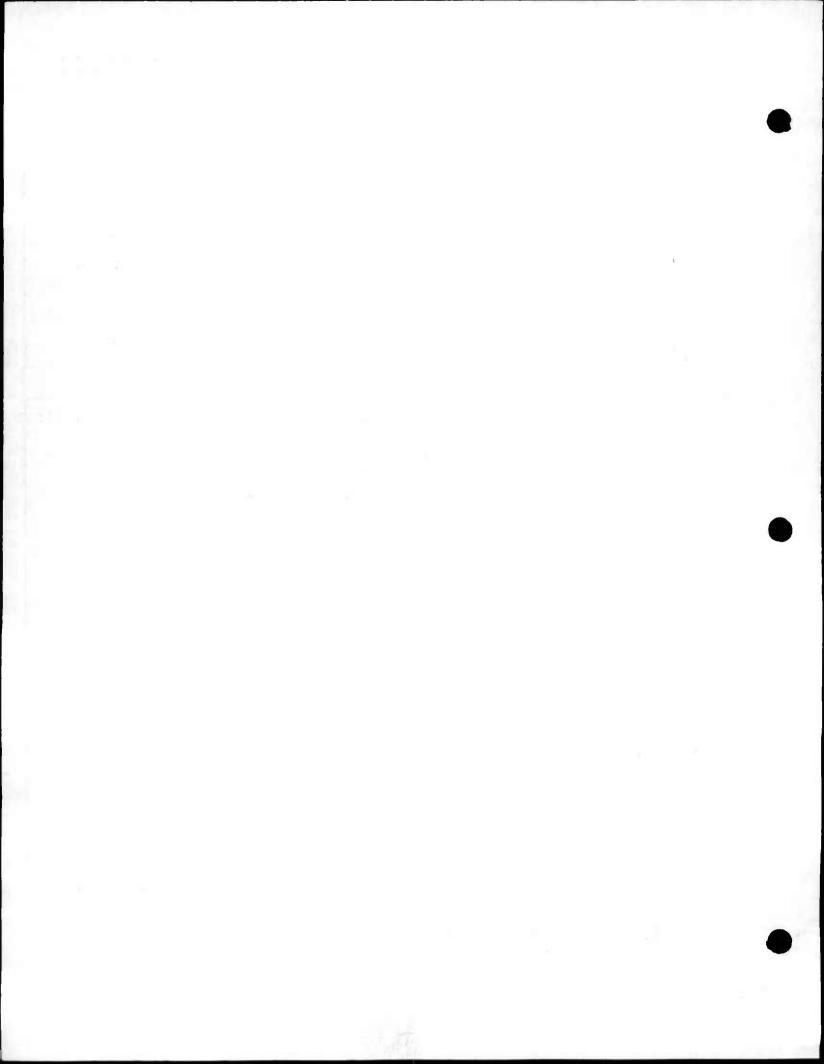
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

.00/-201 E Universit

22 REGISTALA'S SIGNATURE

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defected for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND A	DEPAR ERTIFI	TMEN ICAT	T OF H	IEALTH DEAT	AND I		YGIEN	_	1	29259	}
0	1. OECEDENT'S NAME (First, Middle, Last)	1/						-	2. DATE OF D	EATH			3. TIME OF DEATH	-
9	IWAN DeVRIES	(IWA	AN EMIL	DeVR:	IES))			OCTOE		19.	YEAR	0543	M
6	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH	± J /	8. BIRTI	PLACE (State or Foreig	an
	094-12-0902	1 🖾 M 2 🗌 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	January	-	190	Count	olland	
1	9a. FACILITY NAME (If not institution, give sta	eet and number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DE		, 19		UNTY OF D		
DIRECTOR	CALVERT MEMORI	AL HOSPI	TAL		P	RINC	E FRE	DER	ICK				/ERT	
Ä	10a. STATE 10b. COUNTY			10c, CITY	r, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
ā	Germany Bava	ria		81	Car	misc	h/P						LIMITS?	
AL	10e. STREET AND NUMBER			1 01	Oal	-	ZIP CODE				10a. Cr	TIZEN OF Y	WHAT COUNTRY?	_
BY FUNERAL	Reintalstrasse 8													
S	11. MARITAL STATUS	12. WAS OECEDEN	EVER IN U.S. AF	RMED	13	WAS DEC	ENDENT OF	E MICDAN	NIC ORIGIN? (Spi	- 14 · M		T	tates	
Œ	Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO	1 "	If yes, sp	ecify Cuban	ı, Mexice	in, Puarto Rican,	atc.)	or No-	Blaci	— American Indian, c, Whita, atc.	
	3 Wildowed 4 Divorced	IF TES, GIVE W	AN UN DATES			1 YES	2 X NO	Specify	у:			Speci		
G	15, OECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND	OF BU	SINESS/IN		ucasian	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+		live kind of w	rork done e retired.)	during mo	st of working	g						
7	12	5+		tell:	ioen	Ce			Ur	nite	d C+	ates	Army	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 11	10011.	501		10 MOTH	ED'C NA	ME (First, Middle,	_			Almy	_
	David DeVries							re H		Maiden	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		1 40											
2	Frieda Kramer		"						Route Number, Cit					
1	20e. METHOO OF DISPOSITION							Ceda	rhurst				11516	
	1 XBurial 2 Cremation 3 Remo	val Irom State	20b. PLACE cemetary, cre				me of		DATE					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		New Mo	onte 1				10)-20-91	Pir	ne1av	vn, N	<u>Y</u>	
	Stoven 8	· ul	adde	00	1	80 W	est S	St.	New Y	York	c, Ne	ew Yo	ial Chape rk 10023	
	23. PART I. Enter the diseases, or co	implicatione that	ceueed the de	eth. Do n	ot ente	r the mo	de of dylr	ng, auci	h aa cardlec o	r reapi	ratory as	rreat.	Approximate	
	SHOCK, OF HEART THINGS. L	iat only one onu	e on eech line	9.									Interval Between	reen
	disease or condition	Δ	***	60		1							Onaet and De	Patn
	resulting in death) e	DUE TO (OR AS A CONSE	OUENCE OF):	141	nnag	-						
-		O.t.	of has	2.1.	1	11001	4:	/	1.4	1	/ /			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	DUENCE OF):	VEAL	1/60	16-	46	161.	4 170	7		
¥.		1	L	1	1-40	Cr	1.1	/	infar	1	f		i	
문	CAUSE (Disesse or Injury that Initiated events	OUE TO (OR AS A CONSE	DUENCE OF	70	(4/2	114/		(1) fare	1701	1			
	resulting in death) LAST				,								İ	
빙	d.												- i	
اير	PART II. Other algnificent conditions	contributing to	feeth but not r	esuiting in	the u	nderlying	ceuae gi	iven in	Part I. 24a. 1	WAS AN	AUTOPSY	24b	WERE AUTOPSY FINOIN	NGS
PHYSICIAN: MEDICAL									,	PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUS	
밀									- ''	YES 2	CINO	- (DF DEATH?	
2							-						1 TES 2 NO	
A I	25. WAS CASE REFERRED TO MEDICAL													
⁻	EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	eck only one)					
\ ¥	1 YES 2 NO	1 Ninpetlant 2 🗆		□ DOA	4 🗌 Nur		5 🗆 Ras	idence	6 C Other (Spec	ify)				
		28a. DATE OF I	NJURY (, Year)	26b. TIME INJU		28c. INJU WOI			28d. OEŞCRIBE	HOW II	NJURY OC	CURED		
B	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 🗌	NO						
	3 Suicide 8 Could not be	28a. PLACE OF building, a	INJURY - At ho tc. (Specify)	me, farm, st	reet, fac	tory, office			28f. LOCATION	(Street a	nd Numbe	r or Rural R	oute Number,	\neg
	4 Homicide determined								City or Town	r, Grate)				
COMPLETED	29a. CERTIFIER (Check only	AN: To the best of n	ny knowledge, de	ath occurred	at the	Ime. date	and place	and due	to the councies	-d		And		
N	one) 2 MEDICAL EXAMINER	On the basis of exa	mination and/or i	nvestigation	, In my c	pinion, de	ath occurs	d at the t	time, data and of	ace ac	1 due to 1	reu.	and mannerto-	
5	296. SIGNATURE AND TITLE OF CERTIFIER	1								wed, MIN			ero manner as stated	1.
BE	Mad 1	Mr					29c. LICEN	346		1	29d. DAT	ESIGNED	(Month, Dec Hear)	

29c. LICENSE NUMBER
D 23468 19 LETED CAUSE OF OEATH (ITEM 27) (Type, Print) Kus hire. Box 262 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
1991 Julia Davidson-Rondall 1991

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eath. Page 6 may be retained t	funeral director, page 5 should	caminer must be notified
cate be executed within 24 nours after	Mysician and completely filled in by the e prior to burial, cremation, or remova	er traumatic event, the medical
: The law requires that the death certific	ate has been signed by the attending parter bept, of Health and Mental Hydiens	tem 23 shows any injury, or other
INCLUDE OF LOWATERIDATE PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained to	TO THE MERITAL DIRECTOR, After this certific the field within 72 hours after death with the St	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified

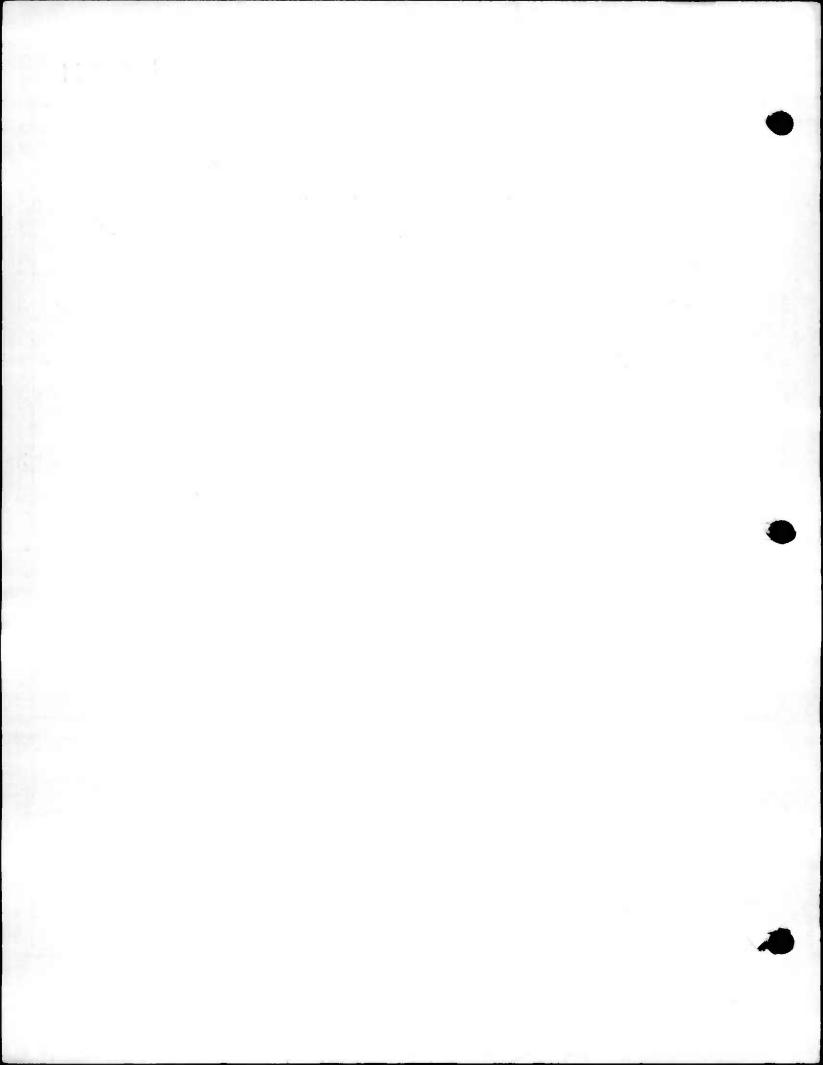
	1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEI REG. NO		29260
	1. DECEDENT'S NAME (First, Middle, Lest) CLAUD E	CLAUDE	RUSSELL	OUCKWORT		2. DATE OF DEATH	DAY 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212- 12-8472	₩X M 2 □ F	/ Z YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 6-29-19	4.	BIRTHPLACE (State or Foreign MARYLAND
TOR	90. FACILITY NAME (If not institution, give st ST. AGNES HOSPI RESIDENCE OF DECEDENT				MORE CIT		9c. COUNTY BALT	OF DEATH TIMORE CITY
DIRECTOR		TIMORE CITY	10c. CITY	TOWN OR LOCAT BALTI	MORE CIT	γ		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	118½ CAMROSE AVE			101.	21225		U.S.	A .
B	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? X1X YES IF YES, GIVE WAR OR IN WILL 1940 - 1	DATES	13. WAS DECI	cify Cuban, Mexica	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)	na or No — 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8 th grade	Cation completed) Cotlege (1-4 or 5 +) NONE	16a. DECEDENT'S U (Give kind of we life. Do NOT use ASSEME	ork done during mos retired.)	N at of working	16b. KIND OF BU	OMOTIVE	
BE CON	17. FATHER'S NAME (First, Middle, Lest) AUSTIN DU	CKWORTH			16. MOTHER'S NA	ME (First, Middle, Meidel LYDIA	Sumame))
TO E	19a. INFORMANT'S NAME (Type/Print) MS. BETTY LYMAI		1214 K	IMBERLY	LANE, G	Route Number, City or To LEN BURNI	wn, State, Zip Coo E , MD 2	^{do)}
	20a. METHOD OF DISPOSITION Burlel 2 Crematton 3 Remo 4 Donation 5 Other (Specify)	vet from State	EN HAVEN	MEMORI.	AL PARK	10-23-91		JRNIE, MD
	· Shane	Sa	uage			ALY HOME O CO AVE.,B		CLYN E,MD 21225
Z	23. PART I. Enter the disease, or c shock, or haert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	HYR	TEHSION. A CONSEQUENCE OF		HYPOTENS		piratory arreat	Approximata intervei Betwee Onsat and Deat
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		Cotionic)			
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to deeth t	out not resulting in	the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Chi	6 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJU	PRY AT	26d. DESCRIBE HOW	INJURY OCCURE	ED
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	(— At home, farm, atr cify)	eet, factory, office		26f. LOCATION (Street City or Town, State	and Number or R	lural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURTS (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know	riedge, death occurred	at the time, date a	and place, and due	to the cause(s) and ma	nner ee stated.	use(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUN		29d. DATE SIG	GNED (Month, Day, Year) - 12-91
F	30. NAME AND ADDRESS OF PERSON WHO ROLES CHINERY, 900	CATION AUE	BALTIMOR		21229			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					

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BALLIMORE, MARTLAND 21203-5140	YSICIAN: The law requires that the death certificate be executed within a sure after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13148,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR, they this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours attended with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traus

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN	FICALE	DI DEATH	HEG. NO	•	
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH D	AYL GE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER SEX 6. AGE (In yrs. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	212-36-8560 10 MALE 51 YRS.	MONTHS D	AYS HOURS MIN.	(Month, Dey, Year)		Country)
	Se, FACILITY NAME (If not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF		9c. COUNTY	OF DEATH
e B	Bon Secour Hospital	13	Altimo	ore		
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CO	TY, TOWN OR I	OCATION			10d. INSIDE CITY
DIRECTOR	md.	JA14	Imore			LIMITS?
	10e. STREET AND NUMBER		101. ZIP CODE	^	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1202 W. PHYONE St.		2/22	3	(1	15A
	11. MARITAL STATUS 1 Never Married 2 Merried PRICES? 1 YES 2 NO	If ye	a, specify Cuban, Mexi	ANIC DRIGIN? (Specify Yelloan, Puerto Rican, etc.)	s or No 14.	RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	10	YES 2 1 NO Spe	clfy:		Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give juind	'S USUAL OCCL	PATION ng most of working	18b. KIND OF BU	SINESS/INDUST	RY
9	Elementary/Secondary (0-12) College (1- or 5+)	une retired.)	ng most of working	_		1.11
ğ	17. FATHER'S NAME (First, Middle, Last)	CINC	A MOTHER DE	NAME OF A ASIAMA ASIAMA	Burnamal	
ၓ၂	HENDELL MATHER		16. MOTHER'S	NAME (First, Middle, Melden	p) O col	4
BE	19a,/INFORMANT'S NAME (Typo/Print) 19b. MAILI	NG ADDRESS (S	treet and Number or Run	al Rigute Number, City or Tox	vn, State, pp Cod	de)
유	LULA HENVINGAN 251	IMA	158/ 5	t. BAH	ond.	21230
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Tosition (Name	of cemetery, cremetory of	20c. LC	CATION - CHY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NA	ME AND ADDRESS OF	- COMPAN		Funeral Serv
	Macres m. Chilare			3405 W. F.	RANKI	2/229
	23. PÄRT I. Enter the diseases, or complications that caused the death. Death ahook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	of a	e mode of dying, so	uch as cardiec or reap	elratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	3/2	N 10	he h	Nex	yos
	PART II. Other algorificant conditions contributing to death but not resulting	g in the unde	rlying cause given			24b. WERE AUTOPSY FINDINGS
MEDICAL				PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä						1 TES 2 NO
Ä						
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	26. PLACE OF DEATH	Check only one)		
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOM 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. 1	1 - 11000000	Home 8 Residence	28d. DESCRIBE HOW	IN HIGH OCCUR	ED.
	1 Netural 8 Pending (Month, Day, Year)	INJURY	WORK?	200. DESCRIBE NOW	INJOHT OCCOM	
BÁ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE DF INJURY — At home, farm			281. LOCATION (Street		Rural Route Number,
COMPLETED	4 Homicide determined building, etc. (Specify)			City or Town, State	"	
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occ	urred at the time	, date and place, and d	lue to the cause(s) and ma	inner as stated,	
Š	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investig	ation, in my opir	ion, death occured at t	the time, date and place, a	nd due to the co	suse(e) and menner as stated.
BE	SHE SIGNATURE AND TITLE OF CERTIFIER	111	29c. LICENSE N	IUMBER /	29d. DATE SI	GNED (Month, Day, floar)
2	DINGME - STEERING	MID	1)32	165	10	124141
	30. NAME AND ADDRESS OF THE ON WHO COMPLETED CAUSE OF DEATH (ITEM BY) (I)	pa, Print) —	Bal	Lines	ME	1 21223
	31. DATE FILED (Month, Day, War) OCT 28 1991 Julia Davidson-Randall.	***************************************				



BALTIMORE, MARYLAND 21215-0020

TAL RECORDS, P.O. BOX 68760,

DIVISION

TO THE HOSPITAL OR ATTEND.

TO THE FUNERAL DIRECTOR: An executives that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO	

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Francis		⊒E_ Leo	17				EAR
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	FUSS	IF UNDER 24 HRS.	10 2		
	215 05 1061	1 WM 2 F		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	215-05-1861		71 YRS.			3/16/19:	20	Maryland
	9e. FACILITY NAME (If not institution, give a	street end number)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
OH	1209 S. Hanover	Straggt	. Ant 2	Baltim				
5	1209 S. Hanover		APLAZ	Daltim	ore			
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
ā	Maryland -		В	alto.Ci	tv.Md.			LIMITS?
4	10e. STREET AND NUMBER				ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?
E.	1211 S.Hanov	er St.			21230			
FUNERAL	11. MARITAL STATUS							SA
3	1. Marriad 2 Married	12. WAS DECEDENT !	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No- 14	I. RACE — American Indien, Black, White, etc.
ВҰ	3 Widowed 4 Divorced	FORCES? 1-	OR DATES		2 TYNO Specify:			Specify: White
		W.W,2			11.			WIIICE
回	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S	USUAL OCCUPATIO	N el of working	166. KINO OF BU	SINESS/INDUS	STRY
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during mo: e retired.)	a or working	l .		
<u>a</u>	7th.Grade		Wate	r Dept.		Ba1t	co.Ci	F 37
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				IA MOTHER'S NAM	NE (First, Middle, Melden		c y
	Frank		E					
BE	19a. INFORMANT'S NAME (Type/Print)		Fuss			ha		Adams
2						oute Number, City or Tow		
	Mrs.Mary Alt		121	l S.Han	over St	.Balto.M	id.212	230
	20a. METHOD OF DISPOSITION \$€\$Burlel 2 □ Cremetion 3 □ Rem	ovel from State	20b. PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — CIT	y or Town, State
	4 Donetion 5 Other (Specify)	Over Holli State	HOLY Cr	oss Cem	eterv	10/24 A	A.Co	Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	O ADDRESS OF FAC	Balto.	11.00	ilia.
1	PC DA	h) 0				Balto.	Md.21	1230
	- Sames of	1. Hack	J.	McCu	11y Fun	eral Hom	ne,130	E, Fort Ave
	23. PART I. Enter the diseases, or o	complications that c	aused the death. Do n	ot sntar tha mod	da of dying, such	as cardiac or respi	ratory srres	Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on each line.					Interval Batween
ľ		A WIEDIA	Called The	OKN DIDIL	NI WOOD	DIAMEDIA		Onsat and Dasth
H	resulting in death)	S. AL VICTO	SCUEROTIC OF AS A CONSEQUENCE OF	CALVION	43CULAR	VISEASE		
		00 01 300	AS A CONSEQUENCE OF):				
EDICAL CERTIFICATION	Sequentially list conditions,	b						
Ē	If sny, lasding to immediata	OUE 10 (OI	R AS A CONSEQUENCE OF):				
5	CAUSE (Disease or Injury	с.						
1	that initiated events	OUE TO (OI	R AS A CONSEQUENCE OF):				
H	resulting in death) LAST	d						
ਹ	DART II Other elections a section							
₹	PART II. Other aignificant condition				causa givan in P	Part I. 24s, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	STATUS POST	CANCER	- OF THRO.	AT		1 YES 2		COMPLETION OF CAUSE
			· ·				Aug	OF DEATH?
Σ						-		1 TES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL							
ᅙ	EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Chec	k only one)		
YS	1 X YES 2 NO	1 Inpatient 2 E	R/Outpatient 3 🗆 DOA	4 - Nursing Home	5X Residence 8	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		OF 28c. INJU	IRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	1. Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ES 2 NO			- 1
- 40	3 Suicide 8 Could not be	28e. PLACE OF II	JURY At home, lerm, a	traet, factory, office		28f. LOCATION (Street of	and Number or	Puret Boute Number
Ĕ.	4 Homicide determined	building, atc	. (Specify)			City or Town, State)		Total Profite Politices,
COMPLETED	29a. CERTIFIER							
를	(Check only	CIAN: To the best of my	knowledge, death occurre	d at the time, data a	and place, and due to	o the cause(s) end mer	mer ee stated,	
ō	2 X MEDICAL EXAMINE	R: On the beale of exem	ination and/or investigation	, in my opinion, de	ath occured at the ti	ime, data end placa, an	d due to the c	euse(a) and menner ee stated.
- 10	THE SIGNATURE AND TITLE OF CENTIFIE		1		29c. LICENSE NUME	ED	and DATE OF	CNEO (14-11-12-14-14-14-14-14-14-14-14-14-14-14-14-14-
BE	Ma J You	LAM	1				Z9G, DATE SI	GNEO (Month, Day, Year)
유	36. NAME AND ADDRESS OF PERSON WHO	O COMBI EXEL CALL	DE DEATH (FOR	0.7-11	O.C.M	Е.	10	22 1991
	MAAAAA A CALL	1.0	OF DEATH (ITEM 27) (Type,	Print)		-		
	MARIO F. GULLE	JR. 1912	111 Pe	nn Stre	eet. Ba	ltimore	Marv1	and 21201
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE				-	
- 1	OCT 28 1991	Tide day	Pro- Stadents					

. – – - 1

(for \$100) (a) (a) (b) (b) (b) (c) (d)

COTES 107 Shallow Holes

4 33 1

TIGENERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLA	ND / DEPART	MENT OF H	IEALTH AND	MENTAL H	TYGIENE	29263
	REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN	3. TIME OF DEATH
	MORRIS		GILLIA	M, Jr.		14041	26 DAY 199	7:49A M
	0:00 01 1/11:0	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH By, Your)	BIRT NPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN (OR LOCATION OF C			Y OF OEATH
стов	BURN UNIT-FRA	NCIS SCOTT			BALTIMO			1 of variety
Ä	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
L DIRE	MD.		BA	LTimor	~e			LIMITS?
FUNERAL		EN Stre	ET	101	21205		10g. CITIZE	S. A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (S	pecify Yea or No- 14	I. RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 DENO TES	If yes, sp	2 NO Spec	an, Puarlo Ricar	n, atc.)	Black, Whita, atc. Specify:
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION OF THE PROPERTY OF THE PROPERT	ON	16b. KIN	D OF BUSINESS/INDUS	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	vaent during mo retired.)	st of working			
∑ O	17. FATNER'S NAME (First, Middle, Last)		2/	MENI				
		illiam Sr.			16. MOTNER'S N	AME (First, Middl	e, Maiden Surname)	
BE		IIIIah Dr.	_		VIAN!	e. (r,	Hrche	r
일	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING A	DORESS (Street a	nd Number or Rural	Route Number, C	City or Town, State, Zip Co	ode)
	MORYIS GIL	liam Sr	1906	KDE	N Str	eet	Bettimere.	MI 21205
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	ral from State cemes	PLACE AND DATE OF Bery, crematory or other	er place)	To Dank	DATE	20c LOCATION - Ch	7
0	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	TVG THE	22. NAME AN	D ADDRESS OF F	ACILITY ACILITY	KANCRIII	owes ma
	· Joseph 1	Q. Watter	0	Derr 4611	Pant Cit	Wes :	TSAVE	717.15
	23. PART I Enter the diseases, or con shock, or heart fellure. Li	mplications that caused	tha death. Do not	t antar tha mo	da of dying, suc	ch aa ca/diac	or reapiretory arres	t, Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	THERMA	L INJU				YCATIONS	interval Batween
z		DUE TO (OR AS A (CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):					
표	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF					
E	resulting in death) LAST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
핑	d.		Management					
7	PART II. Other aignificant conditions	contributing to death but	t not resulting in	the underlying	cause given in	Part i. 24a	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
5	S						PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA						一 1½	YES 2 - NO	DF DEATH?
Σ						— ·		1 TYES 2 NO
A	25 1996 0405 35550350 35 19550							
걸	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	reck only one)		
YS	1 YES 2 NO	1 Inpetiant 2 I ER/Outpet			5 🗆 Realdence	8 Other (Spi	ecify)	
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c, INJU		28d. DESCRIE	BE NOW INJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation	10 18 19			ES XZX NO	SHBJE	CT SET O	N FIRE
	3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, farm, stre			26f. LOCATIO	N (Street and Number or	
ETED	4 Nomicide determined	building, etc. (Specify	,			City or Tou	ALTIMORE	
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowled	dge, death occurred	at the time, data	and place, and due	to the course(s)	and manner as stated	
COMPL	one) 2XXMEDICAL EXAMINER:	On the basis of exemination r	and/or investigation.	In my opinion. de	ath occured at the	time, date and	place and due to the	ause(s) and manner as stated.
	29b. SIGNATURE AND TITUE OF CHITIFUEN			,				
8	244-500	. A			29c. LICENSE NU		29d. DATE S	tGNED (Month, Day, Year)
eres 18.	THE RESERVE THE PARTY OF THE PA	TILL AM			00	ME	▶10	26 1991

PEATN (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND

OHMH-16 Rev 1/89

21201

OCT 28 1991

71.6%

Access

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ij	1. DECEDENT'S NAME (Firs				CERTIF				2. DA	REG. NO		NEAD	3. TIME OF DEATH
	MICHAE		_	RVINO			RAY		Mo	2.5	3"	9E4P	11:35 A
	4. SOCIAL SECURITY NUM		5. SEX		s. lest birthday)	MONTHS		HOURS MI		E OF BIRTH		6. BIRTHP Country	LACE (State or Foreign
	224-98-2799 9n. FACILITY NAME (# not a		1 M 2 F	25	YRS.					.28,19		Wash:	ington, DC
	RTE. 29 δ	JOHN	IS HOPKI	NS RI	D.		AURE	LOCATION OF	DEATH		9c. COU	OWA	R'D
	RESIDENCE OF DE	10b. COUNT	Υ		10c, Ci1	TY, TOWN OF	R LOCATIO	ON					10d. INSIDE CITY
	Maryland	Princ	e George			aldori							LIMITS?
	10e. STREET AND NUMBER	4	ocorpe	-	1 110	114011		ZIP CODE			10g. CITI		AT COUNTRY?
ı	3074 Heatho	ote Ro	oad					20602			US		
	11. MARITAL STATUS 1 Never Married 2 3 Division 4 Division 1		12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO NO	11	NAS DECE		dcan, Puart	GIN? (Specify Ya o Rican, etc.)		14. RACE	- American Indian, White, atc.
-	15. DEG (Specify on	CEOENT'S EOL	ICATION .	164	. OECEOENT'S	USUAL OC	CUPATION	1	1	66. KIND OF BU	ISINESS/INC	USTRY	WILLE
	Elementary/Secondary (College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done di ise retired.)	unng most	or working					
	10			T	ow Tru	ick Di	rive	<u>r</u>		Repose	ssion		
I	17. FATHER'S NAME (First, A							18. MOTHER'S	NAME (First	, Middle, Malden	Surname)		
Ì	Gilbert W.									abeth 1			
Ì	19a, INFORMANT'S NAME (l .					mber, City or Tow			
H	Rose Maria	Grav			3074 H	leatho	cote	Road,	Wald	orf, Ma	ary1a	nd 20	0602
							-						
	20a. METHOD OF DISPOSIT Suriel 2 Cremative Donation 5 Other	TION Ion 3 ☐ Rem Ir (Specify)		20b.PLA cemetery Lewi	CEAND DATE c. crematory or c nsvill	of disposition of their place) e Pre	es. (eot Church	10/2 cem.	6/91 ^{20c. LO}	McLea	n, Va	n, Stata
	6 Burlel 2 Cremati 4 Donation 5 Other 21. SIGNATURE FUNERA	TION Ion 3 Per Ir (Specify) AL SERVICE LI	CENSEE KM7	20b.PLA cemetery Lewi	ACE AND DATE v. crematory or c INSVIII	of Disposition place) Le Pre	es. (NAME AND MONE)	Church ADDRESS OF A & Ki	10/2 Cem. FACILITY ng Vi Le Av	enna Fi	unera	1 Hon	ne, Inc. 22180
	SUPPLY SU	TION on 3 Per or (Specify) AL SERVICE LI disesses, or haart failure.	CENSEE KM7	20b. PLA cemetery Lewi	nsvill a daath. Do	of Disposing the place Le Pre	es. (NAME AND MONEY 171 V	Church ADDRESS OF A & Ki	10/2 Cem. FACILITY ng Vi Le Av	enna Fi	unera	1 Hon	ne, Inc.
	23. PART I. Enter the description of the shock, or himmediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if sny, leading to imma cause. Enter UNDERLY CAUSE (Disease or Injurthst initiated events	TION Ion 3 Rem or (Specify) AL SERVICE LI diseases, or neart failure. inal tions, adiata iling ury	complications that List only one cau a	20b. PLA cemetery LewI Coeusad the see on each (OR AS A COE	nsvill a daath. Do	OFDISPOSITION TO THE PROPERTY OF THE PROPERTY	es. (NAME AND MONEY 171 V	Church ADDRESS OF A & Ki	10/2 Cem. FACILITY ng Vi Le Av	enna Fi	unera	1 Hon	ne, Inc. 22180 Approximate
	23. PART I. Enter the description of the shock, or himmediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death)	TION Ion 3 Rem or (Specify) AL SERVICE LI disesses, or neart failure. Inal tions, adiata ING ury	complications that List only one cau a	20b. PLA cometery Lewis Lewis Consumer	e death. Do line. DSVIII REQUENCE O	OF DISPOSITION THE PROPERTY OF	TTON (Name es. (NAME AND MO ney 171 V) tha model	Church ADDRESS OF A & Ki A Map A of dying, a	10/22 Cem. FACILITY ing Vi Le Av	enna Free., Vierdisc or resp	unera enna, irstory srr	1 Hon Va.	ne, Inc. 22180 Approximate Interval Batweer Onsat and Deatl
	23. PART I. Enter the description of the shock, or himmediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if sny, leading to imma cause. Enter UNDERLY CAUSE (Disease or Injurthst initiated events	TION Ion 3 Rem or (Specify) AL SERVICE LI disesses, or neart failure. Inal tions, adiata ING ury	complications that List only one cau a	20b. PLA cometery Lewis Lewis Consumer	e death. Do line. DSVIII REQUENCE O	OF DISPOSITION THE PROPERTY OF	TTON (Name es. (NAME AND MO NE) 171 V	Church ADDRESS OF A & Ki A Map A of dying, a	10/22 Cem. FACILITY ing Vi Le Av	enna Fi	unera, iratory srr	1 Hon Va.	ne, Inc. 22180 Approximate
	Sequentially list condition resulting in death) 23. PART I. Enter the description of the shock, or himmediate CAUSE (Findisesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) AUSTRIAN (Disease or Injutted in the initiated events resulting in death) PART II. Other significations of the initiated events resulting in death) 25. WAS CASE REFERRED TEXAMINER? 1 X YES 2 NO	TION Ion 3 Rem or (Specify) AL SERVICE LI disesses, or neart failure. Inal tions, adiata ING ury ST	complications that List only one cau a	20b. PLA cemetery Lew I	e death. Do lina. PSU 111 e death. Do lina. NSEQUENCE O	OF DISPOSITION THE PIECE PT 6 22. N. N. N. N. N. N. N. N. N. N. N. N. N.	TION (Name and Money 171 V) the model of the	Church ADDRESS OF A & Ki A Map A of dying, a	10/22 Cem. FACILITY IN VI LE AV uch ss ca	enna Fi e., Vic rdiac or resp	unera, iratory srr	1 Hon Va.	Ae, Inc. 22180 Approximate Interval Batweer Onsat and Daati VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OWNELETION OF CAUSE OF DEATH?
	Sequentially list condition resulting in death) 23. PART I. Enter the deshock, or himmediate CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAS PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signi	TION Ion 3 Rem or (Specify) AL SERVICE LI disesses, or neart failure. Inal tions, adiata ING ury ST	a. MULTI DUE TO b. OUE TO d. HOSPITAL: 1 Inpetiant 2 28e. OATE OF 10 / 2.	20b. PLA cometery Lewis Local Action (OR AS A COM (OR AS A COM death but in ER/Outpetlen INJURY 1977)	ACE AND DATE OF COMMENTS OF C	OFDISPOSITION OF DISPOSITION OF THE PRINCE O	deriying of the property of th	Church ADDRESS OF A Ki: N. Map a of dying, a	in Part I. Check only a 6 M Orti	enna Fi e., Vic rdiac or resp	AUTOPSY MMED? STRI NJURY OCC TRUE	24b. v	Are, Inc. 22180 Approximate Interval Batweet Onsat and Death Interval Batweet Onsat and Death Interval Batweet Onsat and Death Interval Batweet Onsat and Death Interval Batweet Onsat and Death Interval Batweet Onsat Interval Batweet Interval Batweet Interval Batweet Interval Batweet Interval Batw

111 PENN ST. BALTIMORE, MD.

31. DATE FILEO (Month, Day, Year)

M.D.

KORELL

MARGARITA

Α.

DHMH-16 Rev 1/89

3. TIME OF DEATH

4. SOCIAL SECURITY NUMBER

705-05-3137

92 YRS.

8. AGE (In yrs. lest birindey) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | MONTHS DAYS HOURS MIN.

Mc Grath

5. SEX

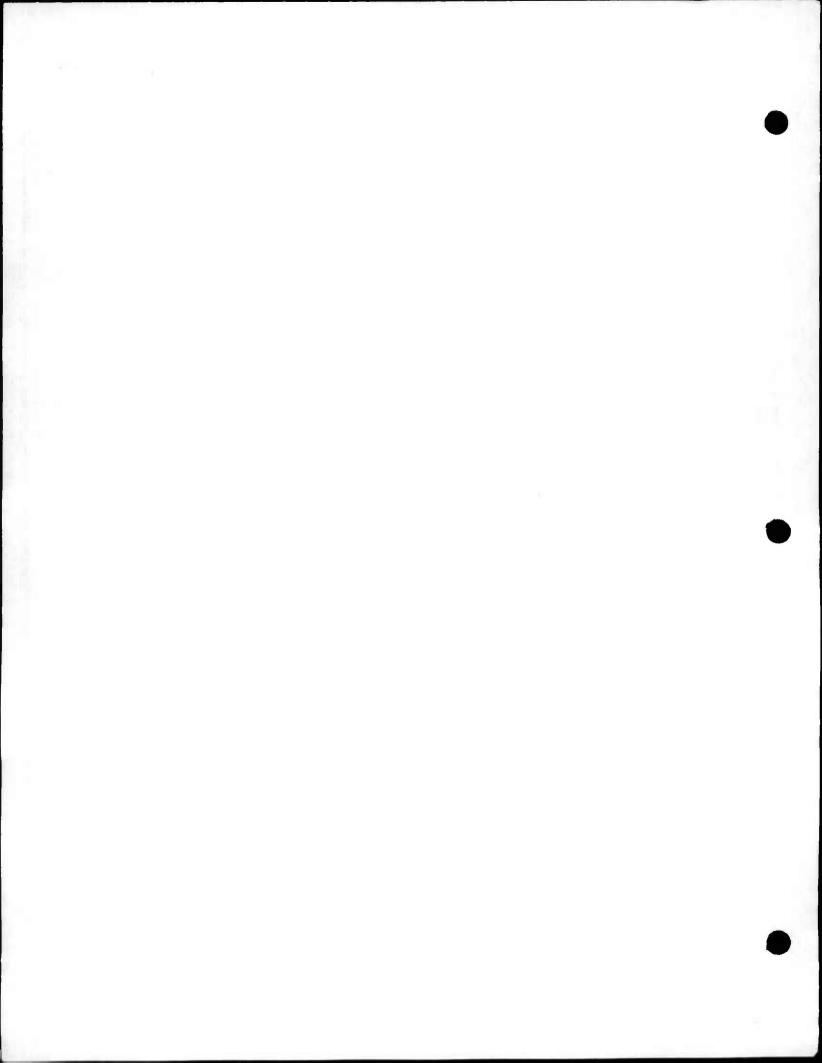
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2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Mogth, Day, Year)

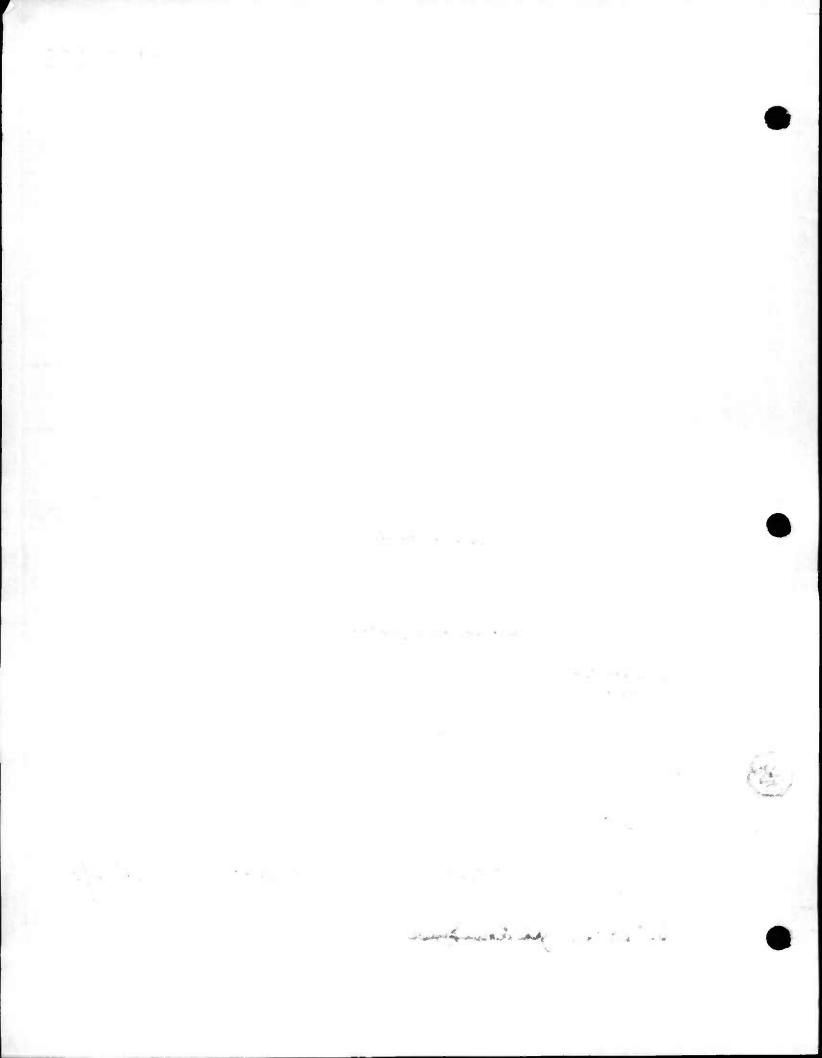
(717
BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician. Illed in by the funeral director, page 5 should be detached for use as the burial-transit perm., or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LOR ATTENDING PHYSICAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. LORECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit modes. Notes after the State Degit of Health and Mental Hygiene prior to burial, cremation, or removal.

DUBOTO TO STREET AND NAMED IN STREET AND NAMED IN STREET AND NAMED AND CONTROL OF THE PARTY OF T	DIRECTOR	MD	Balt	imore	10c. CITY	TOWN OR LO	OCATION					1. INSIDE CITY LIMITS?
The management of the process of the	NERAL	115 Dunbar	ton Ro	oad						10g. CITIZE		
Secretary Delice Continue	BY	1 Never Married 2 M	arried	FORCES? 1 YES	2 XNO	If yes	, specify Cuban, Maxic	en, Puerto	N? (Specify Yea Ricen, etc.)	or No- 1	Specify:	hite, etc.
Daniel J. McGrath No. Maling address (Street and Number of Paris Rouse Number (Proper Num. Steek. Zo Code) Dr. Mary Angelina, R.S.M. No. Maling address (Street and Number of Paris Rouse Number (Proper Num. Steek. Zo Code) Dr. Mary Angelina, R.S.M. 1701 Joan Avenue Baltimore Md. 21234 200. FLACE AND DATE of DISPOSITION (Numer of Numer Steek) 10 Jan Baltimore City 21 SUMAN PROPERTY FUNERAL SENSOR LICENSEE 10 Jan Baltimore City 12 SUMAN PROPERTY FUNERAL SENSOR LICENSEE 22 NAME AND ADDRESS OF PACIFIC PROPERTY IN THE ALL SENSOR LICENSEE 23 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Desire of Code and Cod	PLETEC	(Specify only h	nighest grade comp	pleted)	(Give kind of w	ork done during	ATION 7 most of working				STRY	II LE
The INFORMANT'S NAME (Population and Recombination of Paral Routh Number City or Town, State 20 Control 1701 Joan Avenue Baltimore Md. 21234 306. MALING ADDRESS (Street and Number or Routh Routh Number City or Town, State 21234 306. MALING ADDRESS (Street and Number or Routh Routh Number City or Town, State 21234 306. MALING ADDRESS (Street and Number or Routh Routh Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 306. MALING ADDRESS (Street and Number City or Town, State 21234 307. MALING ADDRESS (Street and Number City or Town, State 21234 308. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, State 21234 309. MALING ADDRESS (Street and Number City or Town, Sta			.,,	·h				ME (First,	Middle, Malden	Sumame)		
Security Security		19e. INFORMANT'S NAME (Type	e/Print)				et and Number or Rural	Route Nur	nber, City or Town	n, State, Zip C		224
22. NAME AND ADDRESS OF FACILITY STEPTING AS A COMPLETE CAUSE (Fine) Approximate interval Between Conditions that cause on such line. DUE TO (OR AS A CONSEQUENCE OF): DUE T		20a. METHOD OF DISPOSITION	N 3 🗆 Removel	from State 20b. P	LACE AND OATE O	F DISPOSITION	(Name of	DA	TE 20c. LOC	CATION — CI	ly or Town,	Stata
25. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, inherent shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE for (or AS A CONSEQUENCE OF): CAUSE (Disease or injury) DUE TO (or AS A CONSEQUENCE OF): DUE TO		+ Kita	30	Ala		Ster 736	ling Asl	iton	Fune	ral H	Home,	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMEDT 1 YES 2 NO. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. TIME OF WORLD INJURY 28. TIME OF INJURY AT WORLD 29. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. TIME OF INJURY AT WORLD 29. Accident Investigation 3 Suitcide 4 Nonexity 28. PLACE OF BLATHY — At home, farm, street, factory, office 29. CERTIFIER (Chack only one) 26. LOCATION (Street and Number or flural flower Number) 29. CERTIFIER (Chack only one) 29. CERTIFIER (Chack only one) 26. LOCATION (Street and Number or flural flower Number) 29. MEDICAL EXAMINER: On the best of his knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER: 29. DATE SIGNED (Month, Doy, Num)	CALION	disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	a			7A. Stru	ILURE	Þ	VLmo	WAK	der	Onset and De
Natural S Princing Novestigation Nov		that initiated events	L		omacusemic or)							
Pending Sacrification Pending	MEDICAL	that initiated events resulting in death) LAST	conditions co	14 H = 112 X W 700 A			ying cause given in	Part I.	PERFORE	MEDT	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATHT
29b. SIGNATURE AND TITLE OF CENTIFIER 2 Suicides 2 Suicides 4 Homiscide 5 Could not be building stc. (Specify) 2 Sec. CENTIFIER (Chack only price) 2 MEDICAL EXAMINER: On the bests of examination medical investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 20c. LICENSE MINNERS 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE MINNERS 29d. DATE SIGNED (Month, Day, Vear) 29d. DAY 29d. CATE SIGNED (Month, Day, Vear)	MEDICAL	that initiated events resulting in death) LAST PART II. Other significant 28. WAS CASE REFERRED TO B EXAMINER?	MEDICAL HO	ntributing to death but	not resulting in	the underly		_	PERFORM 1 TYES 2	MEDT	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATHT
DK Eddle Nother Add 191	MEDICAL	that initiated events resulting in death) LAST PART II. Other significant 28. WAS CASE REFERRED TO 8 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per	MEDICAL HO	INTRIBUTING to death but	not resulting in	2007 HER:	PLACE OF DEATH (Children & Transidence Party AT WORKT	eck only a	PERFORE 1 VES 2 Telephone	MEDT	AVAI CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATHT
DK EddlE Noth Sold.	ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO SEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Per 2 Accident Inst	MEDICAL HC	SPITAL: Inpetient /2 GENOMBER (Morm, Dec Mar) 28e. PLACE OF MUNITY 28e. PLACE OF MUNITY	not resulting in	20 OTHER: STATE OF RY M 1 [PLACE OF DEATH (Children 5 Residence RIJUSTY AT WORKT	6 Chh	PERFORM 1 YES 2 THE SERVEY SCRIBE HOW IN	NO NO	AWA) COM OF I	ILABLE PRIOR TO EPILETION OF CAUSE SCATHT YES 2 NO
	ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant 28. WAS CASE REFERRED TO 8 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Inn 3 Suicide 6 Conditional Conditions 29s. CERTIFIER 1 CERTIFI	MEDICAL HC	SPITAL: Inpatient /2 GENOmpats 28a. DATE OF INJUSTY (Mortin, Day, Max) 28a. PLACE OF INJUSTY building) etc. (Specify)	not resulting in	2007 HER: S Nursing N OF 25c. M t [net, factory, o	PLACE OF DEATH (Chiome 5 Residence NAJURY AT WORKT YES 2 NO	8 Goth 28d. DE 28f. LOC Dity	PERFORM 1 YES 2 THE SERVER HOW IN ATION (Street as or Zourt, State)	MED? MO MO MO MO MO MO MO MO MO M	AGNICAL PLANT	LABLE PRIOR TO REPLETION OF CAUSE DEATHY YES 2 NO



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	D THE HOSPITAL OR ATTITUTE AND TAKE IAW requires that the death certificate be executed within 2.	DITHE FUNERAL DIRECTOR CONTINUES CONTINUES HAS been signed by the attending physician and completely fi	e filed within 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	SOUTH AND SECTION OF THE PROPERTY OF SECTION
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	FOR 1 . STATE	STATE OF N	MARYLAND	/ DEPAR	TMENT O)F HEA	LTH AN	ID MEN	ITAL HYGIEN	9 i	29266	
	REGISTRAR		С	ERTIF	CATE	OF D	EATH		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest) JOHN E. HUESMA	N, SR.							DATE OF DEATH DAY YEAR STOBER 25,1991		year 3. TIME OF DEATH 6:25 P.M.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 Y	EAR IF	UNDER 24 H	RS. 7, C	ATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	215-07-5063	1X M 2 F	81	YRS.	MONTHS D	AYS HO	UR8 M		PRIL 15,1		BALTO., MD	
-	9a. FACILITY NAME (If not institution, give s				9b. CITY, TO	WN OR LO	DCATION (F DEATH		9c. COUNT	TY OF DEATH	
2	LITTLE SISTERS O	F THE POO	OR							BALT	CIMORE	
E C	10a. STATE 10b. COUNTY	r		10c. CITY	TOWN OR I	OCATION						
DIRECTOR	MARYLAND			BALTIMORE							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
Z ×	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITIZEN OF WHAT C		
ij	174 S. COLLINS A	VENUE					2122	9		U.	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	II ye	s, specify	ENT OF HI Cuban, M NO S	exican, Pu	RIGIN? (Specify Yea arto Rican, atc.)	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, O	ECEDENT'S	USUAL OCCU	PATION			16b. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) In	Do NOT us		ng most of	working					
- E	7TH GRADE		UN	AVAIL	ABLE				FEDERAL	GOVER	NMENT	
	17. FATHER'S NAME (First, Middle, Last)					16.	MOTHER"	S NAME (F	irst, Middle, Malden	Surname)		
BE	CLAUDE HUESM	AN						M	ARY KELL	Y		
10	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet and N	umber or R	tural Route	Number, City or Town	n, State, Zip C	Code)	
F	ST. MARTIN'S HOM	E		601	MAIDE	N CH	OICE	LAN	E.BALTIM	ORE.	MD. 21228	
5	20g METHOD OF DISPOSITION 1 X Burlai 2 Cremetion 3 Reme		20b. PLACE	AND OATE O	FDISPOSITIO				DATE 20c. LOCATION — City or Town, State			
2	4 Donation 5 Other (Specify)	over from Sum	GARDEN	IS OF	FAITH			1	0/28 PA	RKVIL	T.F	
	21. SIGNATURE OF FUNERAL SETUTOR LIC	ENSEE	7		22. NAN	E AND A		F FACILITY	1		<u> </u>	
N N N N N N N N N N N N N N N N N N N	HUBBARD FUNERAL HOME INC.											
3	25 PART LEnter the diseases of	pmolications that	caused the d	and Dan	4107	WIL	KENS	AVE	NUE, BAL	TIMOR	E, MD. 21229	
										It, Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL (PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.							24n. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLACE	OF DEATH	(Check on	ly one)			
Sic	1 YES 3 NO	HOSPITAL:	El Outpatient		OTHER:	Home 5	Resider	nca A 🗆 (Other (Specify)			
ξ	27. MANNER OF DEATH	28a. DATE OF		28b. TIME	OF 28c	. INJURY			DESCRIBE HOW IN	JURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ty, rown	INJU		WORK?	2 NO					
ED B	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At he	me, farm, st	reet, lactory,	offica		261.	LOCATION (Street as	nd Number or	Rural Route Number,	
	4 Homicide detarmined	bunding, a	itc. (Specify)						City or Town, State)			
Ä	29a. CERTIFIER CERTIFYING PHYSIC	HAN: To the heat of	Tu knowledge de		d and all a referen							
COMPLET	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of ax	amination and/or	investigation	, in my opinic	on, death	occured at	the ilme,	data and place, and	or as stated due to the	cause(a) and manner as stated.	
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1				29c.	LICENSE			29d, DATE S	SIGNED (Month, Dey, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETE	E OF DEATH OF	M 270 (7	Out of the control of		21	914	3	•	1. 26/51	
	DR. NATAROJAN RAV					VENUI	E - I	BALTI	MORE, MA	ARYLAN	ND 21229	
	31. DATE FILED (Month, Day, Year) OCT 28 1991		T'S SIGNATURE	m.					, , , , , , , , , , , , , , , , , , , ,			



	G-681 11/4/91 CM						0 1	00007		
	FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN REG. NO	IE	29267		
	1. DECEDENT'S NAME (First, Middle, Last)						AY	3. TIME OF DEATH		
	LUCILLE TYSON 4. SOCIAL SECURITY NUMBER		SKINS			Oct. 24,		0 00 -		
			(In yrs. lest birthdey)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)		
	212-78-8595	1 x M 2 □ F 7	l YRS.		25.7271	Sept.30,	1920	Tennessee		
~	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE	АТН	9c. COUNT	TY OF DEATH		
0	47 Acorn Cir	cle Apt.	101	Balti	more		Ba	ltimore		
EC	10e. STATE 10b. COUNTY			TY, TOWN OR LOCA	TION					
DIRECTOR	MD Balt	cimore	100	ltimore				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				I. ZIP CODE			1 TYES 2 NO		
FUNERAL	47 Acorn Cir	cle Ant	101							
3	11. MARITAL STATUS	12 WAS DECEDENT EVED I	N II C ADMED	13 WAS DE	21204	IIC ORIGIN? (Specify Yes		SA		
	1 Never Married 2 Merried	FORCES? 1 YES	2X_M0	Il yee, s	ecity Cuben, Mexices	n, Puerto Ricen, etc.)	0 NO- 1	4. RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced		7.120	1 1 72	3 2 X NO Specify	7.		Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDU	STRY		
91	Elementery/Secondary (0-12)	College (1-4 or 5 +)		work done during manager retired.)	ost or wonung					
MP	12 years	<u>l</u> year	Hous	ewife		at H	ome			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	John DeHunter	Keith II				Mae Dack				
2	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow	n, State, Zip C	ode)		
	Jack K. Hosk	ins	8035	York F	load Ba	ltimore,	MD	21204		
	20e. METHOD OF DISPOSITION 1 ☐ Burlet 2X□XCremetion 3 ☐ Remo	ovel from State 20t	D. PLACE AND DATE	OF DISPOSITION (N	ame of	1		ty or Town, State		
	1 Burlet 2 Cremetion 3 Remo		reen M		unt Cemetery 10/25 Baltimore, MD					
	21. SIGNATURE OF FUNERAL SERVICE-LIC	ENSILE /	Z2. NAME A	ND ADDRESS OF FAC			alto., MD			
:	your 6	Jolan		8521	Loch P	aven Blv	S BS			
	23. PART I. Enter the diseases, or c	omplicatione that ceuse	d the deeth. Do	not enter the mo	de of dying, such	as cardlec or reapi	ratory arree	21204 et, Approximete		
	notes, of near relative. List only one cause on each line.									
	disease or condition resulting in death)	Cerenn	un V	ALC	n Ar	C. 0 6		Onset and Deeth		
Ĭ	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	f):	, , , , ,	CIDENI				
z I		DUE TO (OR AS A	N A CONSEQUENCE O	toeno	concin	10 - A				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
2	CAUSE (Disease or Injury		, P. D.							
	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
<u> </u>		1.								
- 11	PART II. Other eignificent conditions	contributing to death b	out not resulting	In the underlyin	ceuse given in F	Part I. 24s. WAS AN	AHTOPSY	24b. WERE AUTOPSY FINDINGS		
<u>ა</u>				,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
요။						1 YES 2	□ ₩0	DF DEATH?		
2						-		1 TES 2 NO		
₹ I	25. WAS CASE REFERRED TO MEDICAL			20 Di	ACE OF DEATH (Che					
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	netlant 2 7 DOA	OTHER:						
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		e 5 Reeldence 8	28d. DEŞCRIBE HOW II	1 11 11 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1			
	1 Natural 5 Pending	(Month, Day, Year)	INJ	M 1	RK?	EUG. DESCRIBE NOW II	AJORY OCCU	NED		
BÁ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- Al home, ferm,			281 LOCATION (Street o	ad Number or	Russ Bouts Number		
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — Al home, ferm, street, factory, office City or Yown, State) 28e. PLACE OF INJURY — Al home, ferm, street, factory, office City or Yown, State) 28e. PLACE OF INJURY — Al home, ferm, street, factory, office City or Yown, State) 28e. PLACE OF INJURY — Al home, ferm, street, factory, office City or Yown, State) 28e. PLACE OF INJURY — Al home, ferm, street, factory, office City or Yown, State)							rioral rione rumber,			
	29e. CERTIFIER	NAM: To the hard of an income	Code do de							
ž I		CIAN: To the beet of my know						ceuse(s) end manner ee stated.		
			myastiyatiq	, in my opinion, d			due to the o	:euse(s) end manner ee stated.		
H H	296, SIGNATURE AND THE OF CERTIFIER	1 -2			29c. LICENSE NUME	BER	29d. DATE S	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PEDSON WHO	COMPLETE	ATIL 07-11-	H.	1151	362	P (72)/91		
			ATH (ITEM 27) (Type,					,		
	Dr. Anthony Se. 31. DATE FILED (Month, Day, Year)	ratis 621	2 York	Road	Baltimo	re, MD	21212			
	OCT 28 1991	Julia Davidson	Rands 00							
- 11	~ 0 1331	1 WILLIAM (MOD) ONL	- Indones							

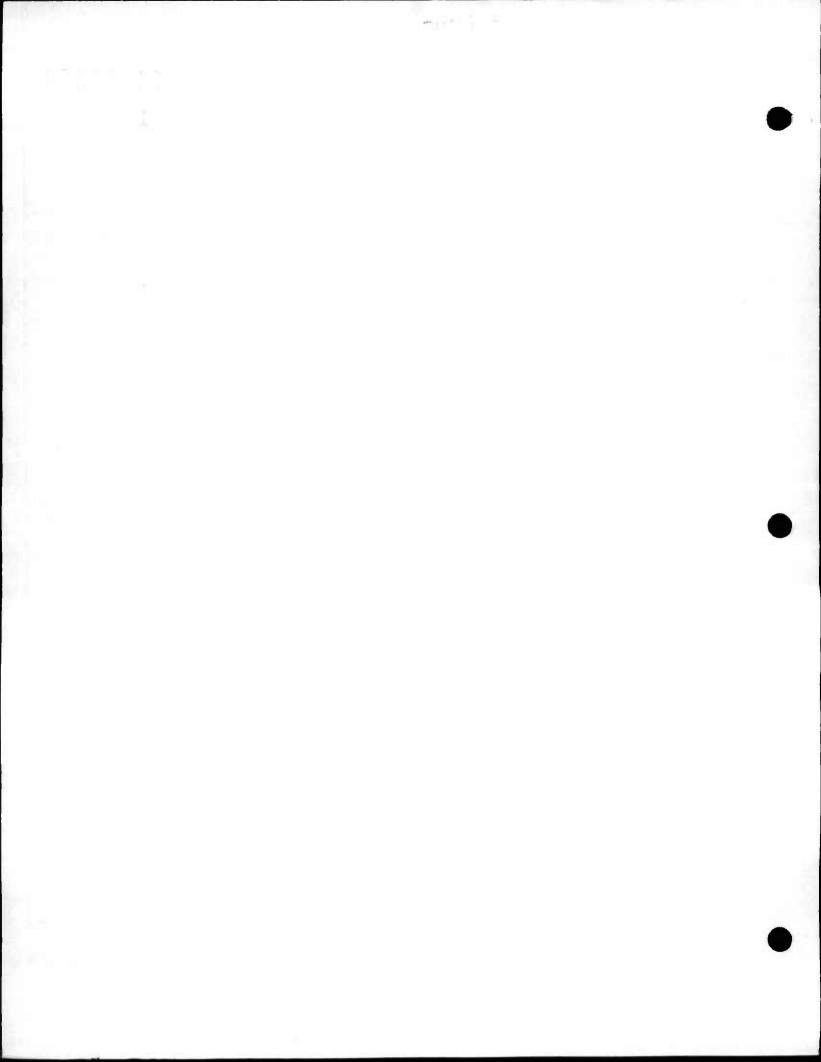


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9-251-38-97 600 HENDERSON: 91E/29268

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND / CE	DEPAR	ICAT	TOFH EOF	DEAT	AND	MENTAL HYGIEN		4 2320	U
	1. DECEDENT'S NAME (First, Middle, Last)							0/0	2. DATE OF OEATH	1	3. TIME OF DEAT	Ή
	NATHANIEL	RSON						10 27 1991 7:52 A				
	4. SOCIAL SECURITY NUMBER INFANT	5. SEX	6. AGE (In yrs. last	birthday)	MONTHS	P 1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Walr) 6/18/91	8.	BIRTHPLACE (State or Fo. Country)	reign
	Se. FACILITY NAME (If not institution, give			THS.	4	10	R LOCATI				BALTO., MD	
R		THE JOHNS HOPKINS HOSPITAL					RE	ON OF DE	EATH		Y OF DEATH	
5	RESIDENCE OF DECEDENT				DAL	TIMO	ICE			BALTI	MORE CITY	
DIRECTOR	10a. STATE 10b. COUNT	Υ			Y, TOWN		100			10d. INSIDE LIMITS:		
	MARYLAND 100. STREET AND NUMBER			B	ALTI	_	E C.			1 (2) YE		
ERA	2427 W. LANVA	LE STREE	grp			101.		216		10g. CITIZEN OF WHAT COUL		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARA	MED	13.	WAS DEC			IIC ORIGIN? (Specify Yes		I. RACE — American India	10
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	0	- 1	If yes, spe	2 X NO	n, Maxica	n, Puarto Rican, atc.)		Black, Whita, atc.	
	15. DECEDENT'S EDU	IOATION .					-				Specify: BLACK	
1	(Specify only highest grade	e completed)	(G/A	ve kind of	USUAL O work done se retired.)	during mor	ON st of workin	ng	16b. KIND OF BUS	SINESS/INDUS	THY	
PL	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)		
BE C	CLIFFORD JOHNS	SON							IA HENDER			
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Number, City or Tow			
	HOWARD HENSON		7		FEF	_		AVE			ID 21207	
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Refr	noval from State	20b. PLACE A					7			y or Town, State	ANT
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A GROUND S GORDON Specific Speci											
	HOLM!	22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207									E	
	23. PART I. Enter the diseases, pr	complications the	1111	th Do	4	600	المط	BEKI	Y HEIGHT	SAVE	ENUE 2120	_
	23. PART I. Enter the diseases, Dr compilications that chused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear failure. List only one cause on each line. Approximate interval Batween										tween	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· dic	served	both	rare	icher	. 100	2601	Ortino.		Onset and	Desth
	resulting in death)	DUE TO	Streeted (OR AS A CONSEO	UENCE O	F):			0	00/10/10			
NO	Sequentially list conditions,	b. 5/1	Thorn	ci'c	Sun	en	10/	26				
AT	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CONSECU	UPNCE O	<i>L0υ∪ =</i> Fi:	tailu	مل					
CERTIFICATION	resulting in death) LAST		r r		dance	da						
	PART II. Other significant condition	ns contributing to	,	_				d t				
MEDICAL	maxima		graft vs.						Dencon		24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA	ro
9	Al rome	(9/4/103	10)	1. (1	1744	~ yr	garce	1 TYES 2	1 TYES 2 NO OF DE		/
2	asomis		J						-		1 TES 2 N	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Che	ock only one)			
Sign	1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	DOA	OTHER		5 🗆 Ra	sidenca	8 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY IV. Yello) (NET)	28b. TIM		28c. INJU	JRY AT		28d. DESCRIBE HOW II	JURY OCCUP	NED	
B	1 Natural 5 Pending Investigation	10/2	2 194 1		М		ES 2	NO				
<u>۵</u>	3 Suicida 8 Could not be determined	28s. PLACE Of building,	INJURY At hometc. (Specify)	ne, farm, :	streat, fact	ory, offica			28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,	
9	29a. CERTIFIER											
COMPLETED	(Check only	ICIAN: To the best of a	my knowledge, dear	th occurr	ed at the t	lme, data	and place,	and dua	to the cause(s) and men	ner as stated.	ause(a) and menner as sta	
	29b. SIGNATULE AND TITLE OF CERTIFIE				11, 111 liny 0	pinion, de						ated,
BE	TUNE E	Limo Ma	0				29c. LICE	NSE NUM	BER	29d. DATE S	ONED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUS	E OF OEATH (ITEM	27) (Type,	Print)			1300		10	121141	
	KEVIN C.	Line , M	10 Jo	las H	topler	H	mil	٨,	Bultinesse	MA		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	10				1	1			





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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending provided.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar arms to a should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If tem 28 is marked, or tem 23 shows any Injury, or other traumatic event, the medical examiner must be nestified at once.

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 8:46 A " TOO Magdalena Herminau 24 120 4. SOCIAL SECURITY NUMBER 6. AGE (In was last hirthday) 7. DATE OF BIRTH
(Month, Day, Year)
9/24/ IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 9e. FACILITY NAME (If not institution, give street and number) Maryland 9b. CITY, TOWN OR LOCATION OF DEAT 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO Raltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4514 Marx Avenue 21206 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whife, etc. 1 Never Merried 2 Merried 3 Widowed 4 Divorced Specify White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 10 Housewife Homekeeping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) John G. Hines Anna B. Novotny 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) George A. Herminau 4514 Marx Avenue Balto., Md. 21206 20e. METHOD OF DISPOSITION
1 | Souriel 2 | Cremetion 3 | Removal from State
4 | Doneston 5 | Debay County 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 10/28/91 Gardens of Faith Cem. Doneflon 5 Other (Specify) Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home Timona 7401 Belair Rd. Balto., Md. 21236 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between Pholonged Absence IMMEDIATE CAUSE (Final SPONTANEOUS Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cerebro-Vesco Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate DUE DOOR AS A CONSEQUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 X Inpetient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 X Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Yown, State) 4 Homicide 29e. CERTIFIER
(Check only one)

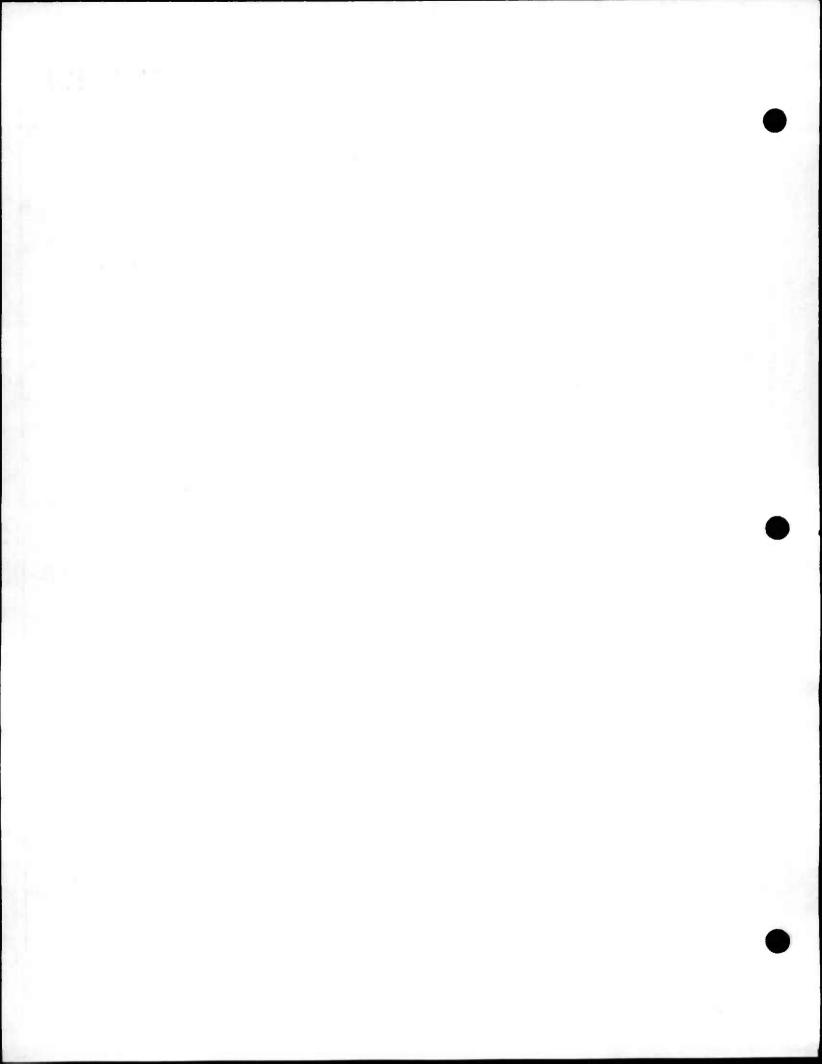
1 CERTIFYING PHYSICIAN: To five best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Montp. Day, Year) W er 24 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOUSE OFFICER lci MU 1-'nomal noino 32. REGISTRAR'S SIGNATURE guha Davidour-13

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BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND	ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detache wal.	il examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE SEPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	- E.	H	UBE	R 2	DATE OF DEATH MONTH DA	Y QYEAR	3. TIME OF DEATH A		
	4. SOCIAL SECURITY NUMBER 217-20-7405	1 M 2 - F	-	IF UNDER 1 YEAR MONTHS DAYS	INDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE					
TOR	sa. FACILITY NAME (If not institution, give str HARBOR HOSPITAL RESIDENCE OF DECEMENT				IMORE CIT		BALTIN	MORE CITY		
DIRECTOR	100. STATE 100. COUNTY BAL	TOWN OR LOCATI			10d. INSIDE CITY LIMITS? 1 X XYES 2 \(\text{NO} \) NO					
FUNERAL	100. STREET AND NUMBER 509 BALTIC AVENU	JE		10f.	ZIP CODE 21225		10g. CITIZEN OF	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11 YES 2 NO IF YES, GIVE WAR OR DATES WWII 1944-46			13. WAS OECE If yes, spe 1 YES	E — American Indian, ck, White, etc.					
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementery/Secondary (0-12) 9 th grade		180. DECEDENT'S U- (Give kind of wo life. Do NOT use TECHNIC	rk done during mos	RICAL					
BE CO	17. FATHER'S NAME (First, Middle, Last) ROBERT S.	HUBER			18. MOTHER'S NAME MARIE	(First, Middle, Maiden	Sumame))		
TO E	199. INFORMANT'S NAME (Type/Print) MR. ROBERT E. HUBE	ER, JR. 8702	196. MAILING A		d Number or Rural Roun			377-3766		
	20e. METHOD OF DISPOSITION Selection 3 Removat from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) Committee of Commi									
	21. SIGNATURE OF FUNERAL SERVICE LICE	Saua	se	MCCUL	LY FUNERA PATAPSCO	L HOME OF	BROOKLY	ľN		
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	ch line.	el I	e of dying, such e	s cardiec or reaple	ratory arrest,	Approximate Interval Between		
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY AVAILABLE COMPLETE AUTOMACOMPLETE C							D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
HYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Pinpatient 2 ER/Outpa 28e. DATE OF INJURY		OTHER:	5 Residence à		HIEV COCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	- INJU	WOR	ES 2 NO	1	1-			
ETED	3 Suicide 4 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28b. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28c. CERTIFIER							Houle Number,		
COMPLETED	(Check only	IAN: To the best of my knowle	and/or investigation,	in my colnion, de	and place, and due to the time	the cause(a) end man e, date and place, and	ner ea stated. I due to the ceuse(i	a) and manner se stated.		
BE	299 SIGNATURE AND TITLE OF CENTIFIER	Tell M.	D 914	Ntern	29c. LICENSE NUMBE	161464	29d. DATE SIGNED	20 (G)		
10	30. NAME AND ADDRESS OF PERSON WHO WIT MEY HAM!			101-S	· Hanor	erss	Bal	hmore		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE andall				2	1230		

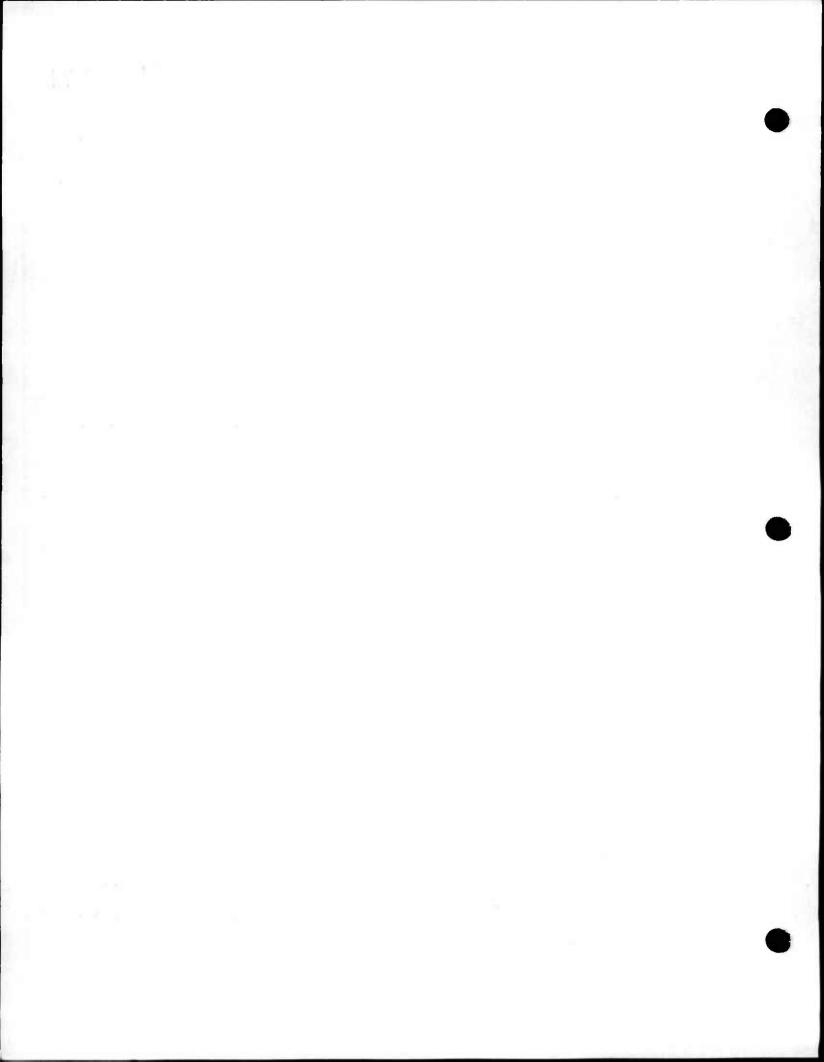


4	1	7	THE STREET
	BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bural-transit per
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuzers director, page 5 sh

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¥	JEC.	13	E
AL OH ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 6 in	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimethol	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner man
¥	7	N	-

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
	1. DECEOENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH
	Benjamin Thomas Hayes	10 25	1991 4:00 a M
9		7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	711-10-1749 1 M 2 - F 70 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 9-26-1921	Country)
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA		: COUNTY OF DEATH
CTOR	4102 Chardel Road Apt. 1H Perry Hall		Baltimore
l W	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
L DIR	Md. Baltimore Perry Hall		LIMITS? 1 □ YES 2 □ NO
FUNERAL	4102 Chardel Road Apt. 1H 21236	100	g. CITIZEN OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, I YES GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC II YES 2 NO Specify:	ORIGIN? (Specify Yea or N Puarto Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify:
ETED E	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINES	White
E I	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)		
립	Railroad	Railro	naď
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME	E (First, Middle, Maiden Surna	
# 0	Thomas Hayes Rena		,
B G	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Ro		ate. Zip Code)
10	Thelma P. Hayes 4102 Chardel Rd. A		
ti ti	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 200 LOCATIO	ON - City of Town State
E .	4 Donation 5 Other (Specify) Green Mount Crematory	10-26 Ba	altimore City
iline	21. SHONATURE OF FUNERAL SERVICE LICENSEE	LITY	
acca.	Bradley-Ashto	on Funeral	Home, Inc.
3	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such	spring ka	Dundalk, Md2122
ent, the med	shock, or heart fellure. List only one ceuse on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. DUE TO (OR AS ACONSEQUENCE OF):	MR Cardiac Or respirator	Approximata interval Between Onaet and Death
any injury, or other traumatic event, the medical examiner must be notified at once. JICAL CERTIFICATION TO BE COM	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):		
shows : MEC	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pa	art I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 N	? AVAILABLE PRIOR TO
S 8	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check	t ont one)	
SICI/	EXAMINER? HOSPITAL: OTHER:		
티폴	27 MANNER OF CEASURE 2 DEVOCUPATION 3 DOW 4 Nursing Home 5 Residence 8	Other (Specify)	
marked, BY PI-	1 Natural 5 Pending (Morth, Dey, Year) 286. Hille OF 286. HILL WORK? WORK? WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED
Z8 is	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Nu City or Town, State)	lumber or Rural Route Number,
MPORTANT: If item O BE COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to me me me me me me me me me me me me me		
TO BE	296. SIGNATURE AND CORES OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE	29d.	1. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles Sold Rawen &	3/w Ba	PESIS QUI, 185
	31. DATE FILED (Month, Day, Year) 32. HEGISTRAR'S SIGNATURE		

DHMH-16 Rev 1/89



BOX	
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OF VITAL	
DIVISION	

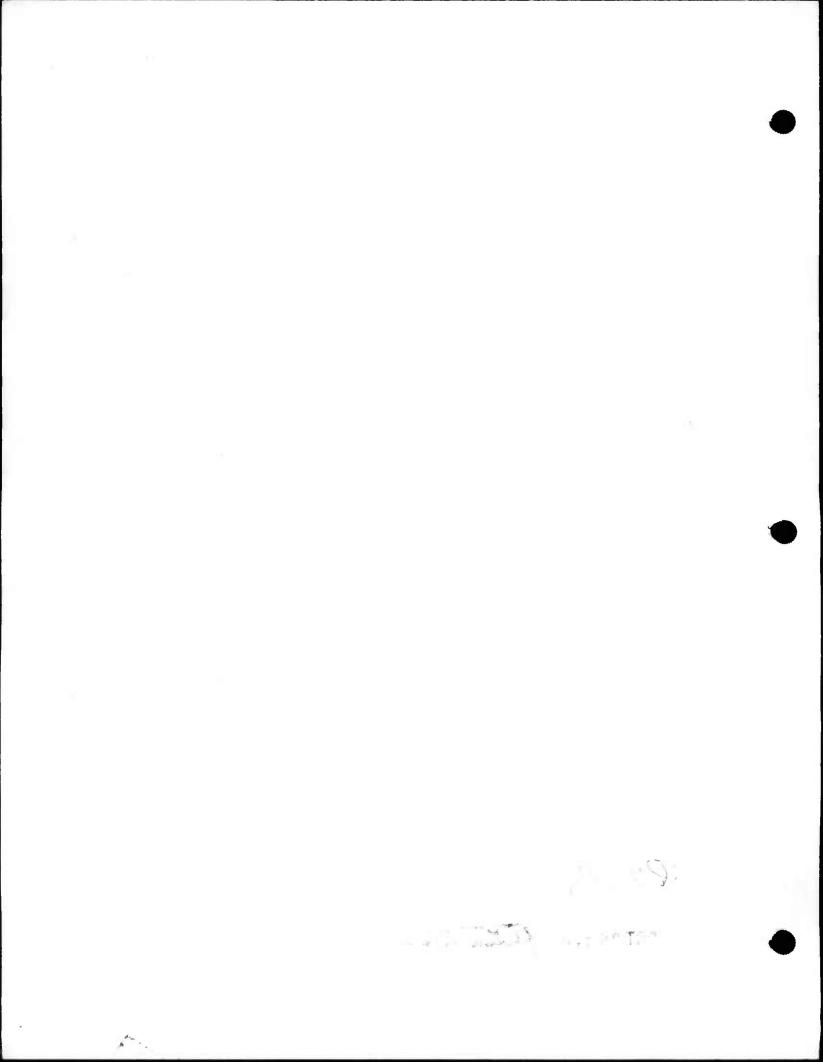
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TO THE FUGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be flet fluing and with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLA	ND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			CE	RTIFICATE	OI	F DEAT	H		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATI			IENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Tackson	h			2. DATE OF DEATH MONTH DA	3 90	3. TIME OF DEATH 7: ZOAM
		8. AGE (In yrs. les	YRS. SF UNDER	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	IRTHPLACE (State or Foreign puntry)
<u> </u>	Sa. FACILITY HAME (If not institution give stree	and number	9b. \$1T	, TOWN OR LOCA	TION OF DE	ATH ATH	9c. COUNTY C	OF DEATH
2	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		10d OKTY, TOWN	OR LOCATION	1110	300		10d, ANSIDE CITY
DIRECTOR	MO A.H	.Co.	Bal	Aine	re			1 TES 2 NO
UNEHAL	208 Elizabe	th Are		10f. ZIP CC	122	5	10g. CITIZEN	OF WHAT COUNTRY?
בַּ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AN FORCES? 1 YES 2 SU IF YES, GIVE WAR OR DATES	IMED 13.		ban, Mexican	C ORIGIN? (Specify Yea , Puarto Rican, etc.)	1	RACE American Indian, Black, White, atc. Specify:
LEIEU	15. DECEDENT'S EDUCAT (Specify only highest grade on Elementary/Secondary (0-12)		CEDENT'S USUAL O	during most of wor	To.	16b. KIND OF BUI	IMESS/IMDUST/	m I
5	17. FATHER'S NAME (First, Mitche, Lage	0001	10 4	10,000	THER'S NAM	ME (First, Middle, Majorer	Sumame)	
20	MATCEL CO	yper !	n MASHING ADDRESS	SLCStreet aredstron	onn	CHE STORY COLOR TOW	m pos	
2	Glores Jac	kaon p	%起	43	elf	13/21	217	
	204 METHOD OF DISPOSITION 1 Started 2 Cremation & Remove 4 Donation 5 Dither (Specify)	at from State	TOND I	Catro	xal-	Book The	CATION - CITY	Q'HD
	21. SIGNATURE OF FUNERAL SERVICE LICES	(der SE.	0 7	436	Tell	id All	1 Ho	1217
٦	23. PART i. Enter the diseases, or cor shock, or haart failure. Lis	mplications that caused the dest only one cause on each line		r tha moda of	dying, suct	as cardiac or resp	Iratory arrest,	Approximata intarval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	SHOCK - S DUE TO (OR AS A CONSE	eptic	5hoc	K-(Fram (t)	Onset and Death
2		Cerebrova	asculo	r Ac	cid	ent	_	
2	if any, laading to immediate causa. Enter UNDERLYING	Dia Letes	Melli-					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):					
ALC	PART II. Other aignificant conditions	contributing to death but not	resulting in the u	nderlying caua	e given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 X YES	P □ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
								1 123 27 110
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHE OTHER			6 Other (Specify)		
É	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCUR	ED
2	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h	М	1 TYES 2	≥ □ NO	26f. LOCATION (Street	and Number or F	tural Route Number.
ובה	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		,		City or Town, State		
COMPLEIED	(Oracle Ora)	AN: To the best of my knowledge, d						use(s) and manner as stated.
BE C	295. SIGNATURE AND TITLE OF CERTIFIER	N. H.	04120-		LICENSE NUN		29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO				045e	STAFF	0/0 =	10.00
	PETEZ KÖSSEL 31. DATE FILED (Month, Day, Year)	C MD. 3001	2. Hano	verst.	Dal	timore	140 2	1230
	OGT 28 1991	Subject Spiller 18	ml. 00					İ



8. BIRTHPLACE (State or Foreign Country)

New York

9c. COUNTY OF DEATH

Baltimore

FOR STATE REGISTRAR

WARREN

4. SOCIAL SECURITY NUMBER

189-10-7880

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Dr. Joel Kleinman

St. Joseph's Hospital

В.

5. SEX

1XXM 2 □ F

KRISS

6. AGE (In yrs. last birthday)

1 -

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P.O.
RECORDS,
VITAL
OF
DIVISION

8	2	IOU. STATE	100. COUNTY			10c. CITY, 10							LIMITS?
4	DIR	MD	Balt:	imore		Ba	ltim	ore				1	YES 2 NO
E e	4	10e. STREET AND NUMBER		•			1	of. ZIP CODE			10g. CITIZE	EN OF WH	AT COUNTRY?
usit p	ER.	1341 Tay:	lor Ave	enue				21234			US	A	
ending physician, as the burial-transit permit. Page	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Nidowed 4 Divo	Married	FORCES? 150	R DATES	10	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2/1/NO Specify	n, Puerto R	? (Specify Yes lican, etc.)	or No— 1	I4. RACE - Black, 1 Specify:	- American Indian, Whita, atc. White
attending se as the		15. DEC	EDENT'S EDUCAT	ION	16a. DE	CEOENT'S USU	AL OCCUPA	TION	16b.	KINO OF BUS	INESS/INOU	STRY	
he hospital or atti detached for use once.	COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +)	Ilfe.	ve kind of work Do NOT use ret Stal	(red.)		U	. s.	Post	a1 S	Service
the host detache	₹	17. FATHER'S NAME (First, M				Dour	пире	18. MOTHER'S NA	ME (Elect A	diririta Mairian	Sumama1	_	
# E E	ш	John Beni	2111	rise				Beryle				knov	√n
should 5 should notified	10 B	19a. INFORMANT'S NAME (t and Number or Rural i					
	۲	Margaret	Kriss		1	.341 T	aylo	r Avenu	e Ba	1timo	re,	MD	21234
leath, Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSIT	on 3 🗆 Remove	i from Stata	other plu	ece)		t Vet. (Com		ngs		
Page 6 Il direct		4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNETIA		ine.	Galli	SUIL E		AND ADDRESS OF FA		TOWI	ngs	MILLI	LS, MD
death. Pag tuneral dir i. examiner		ZI. SIGNATURE A TOMBO	I SENTILE LICEN	61	,		John	son Fun	eral	Home	Pa	1+0	MD
- 63	1.00	Car	VX.	(Baw)	1		8521	Loch Ra	aven	B1 vd	ра	I CO	21204
in by reme	56	23. PART i. Enter the d shock, or h	iseasea, or con sert fellure. Lis	npilcations that dans at only one cause of	used the de on each line	ath. Do not a						st,	Approximate interval Between
completely filled ial, cremation, or event, the m		iMMEDIATE CAUSE (Fig disease or condition resulting in death)	e	Pulm DUE TO (OR	AS A CONSE	WENCE OF:	nlo	Hus		-			Onset and Dee
th certificate be execuending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentisity liet condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or inju- thet initiated events resulting in deeth) LAS	idlete ING iry c		AS A CONSEC								
w requires that the death been signed by the atter rt. of Health and Mental s. shows any injury, or	PHYSICIAN: MEDICAL C	PART il. Other eignifice	ent conditions	contributing to dee	th but not r	esulting in the	ne underly	ing cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	0	WERE AUTOPSY FINDING AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
e law has be Dept.	Ž,												
	ᅙ	25. WAS CASE REFERRED T EXAMINER?	F	OSPITAL:		o	Z6. THER:	PLACE OF DEATH (Ch	eck only on	e)			
certificate the State , or item	ΥSI	1 TYES 2 NO	1	☐ Inpatient 2 ER		DOA 4	Nursing H	ome 5 🗆 Residence					
this with	ву Рн	27, MANNER OF OEATH 1 Natural 5 1 2 Accident	Pending Investigation	28a. DATE OF INJI (Month, Day, Y		28b. TIME OI INJURY		NJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCI	URED	
TTENDI TTOR: A after di 28 Is	ED	a 🗆 a 1111	Could not be detarmined	28e. PLACE OF IN- building, etc.	JURY — At he (Specify)	rme, farm, stree	t, factory, of	ffice	28f, LOC City	ATION (Street or Town, State)	and Number o	or Rural Ro	ute Number,
A Z =	COMPLET			AN: To the best of my									and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND THE	of gentifien	lein	nan	111.	X	29c, LICENSE NU	MBER 70	2	29d. DATE	SIGNED (Month, Day, Year)
	×	30, NAME AND MODRESS O	F PERSON WHO	COMPLETED CAUSE O	E DEATH //TE	27) (Type Pri	181				-		

Julia Savidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

Towson

9b. CITY, TOWN OR LOCATION OF DEATH

8114 Sandpiper Circle Suite 203 White Marsh

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

August 17,

October 26,1991

1917

91 29273

3. TIME OF DEATH

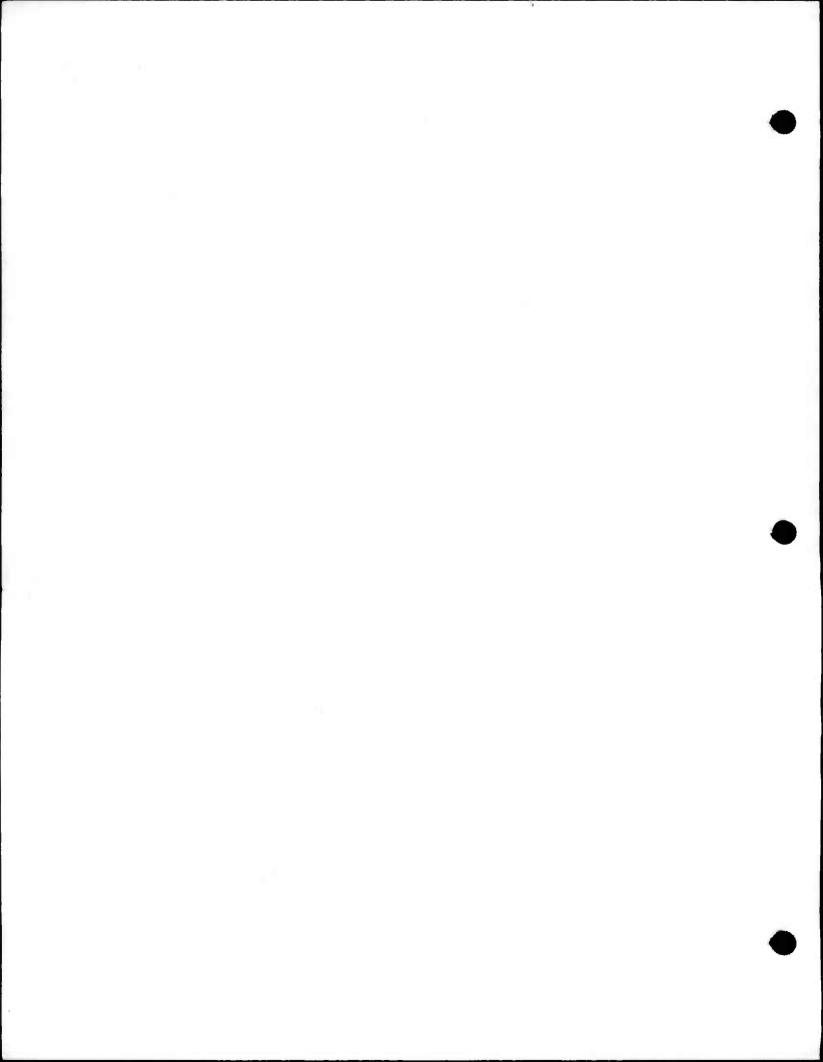
10d, INSIDE CITY 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

interval Between Onset and Deeth

6:01 A. M

DHMH-16 Rev 1/89



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filneral director page 5 should be detach	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	P	E

	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPARTA	MENT OF H	EALTH AND DEATH	MENTA	L HYGIENE REG. NO.	1 6	23614
	1. DECEDENT'S NAME (First, Middle, Last Amelia) T					MONT	OF DEATH	YEAR	3. TIME OF DEATH
ĺ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.	Oct			м
	214-40-0602 9e. FACILITY NAME (If not institution, give	YRS. MO	NTHS DAYS	HOURS MIN.	HRS. 7. DATE OF BIRTH (Month, Day Man) (Month, Day Man)			HPLACE (State or Foreign aryland		
0 B G	Cromwell Mer:			96	TOW	R LOCATION OF I	DEATH	9c. (Balt	imore
្ត្រ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TV								
FUNERAL DIRECTOR	Maryland Ba	altimore			ndalk	ON				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
IERAI	100. STREET AND NUMBER 8104 Coyne D:	r.			10f.	ZIP CODE 21	222	10g.	CITIZEN OF	WHAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 WWildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO	ED	Il yes, spe	NDENT OF HISPA city Cuben, Mexic 2 NO Spec	can, Puarto	N? (Specify Yes or No Ricen, etc.)	- 14. RAC Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	(Give	kind of work On NOT use re	JAL OCCUPATION done during most lired.) ewife	N t of working	164	. KIND OF BUSINESS		
	17. FATHER'S NAME (First, Middle, Lest) George Raab					18. MOTHER'S N	IAME (First,	Middle, Melden Surnan aul	ne)	
BE (19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADI	DRESS (Street an	d Number of Burn	d Boute Num	ber, City or Town, State	7/n Codel	
5	Mrs. Marie So	hott			E. Jopp			ltimore,		21276
	20e. METHOD OF DISPOSITION 1		20b. PLACE AN	DDATEOFD	sposition (Name of the property of the propert	ne of	DAT	E 20c. LOCATION	l — City or To	
4	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	5 200	JUSE	bii Ceme	cery	10	/SB Baiti	more,	Maryland
	Jasselv .	Turul	Hom	٤	7401	hn Fune Belair	ral I Road	Home, Inc. Baltimo	re. Ma	21236
CERTIFICATION	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, along one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant conditio	asuiting in the undarlying cause given in			1 Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO			WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
M	25. WAS CASE REFERRED TO MEDICAL				26. Pt A	CE OF OEATH (C	back only co	e)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetient 2		HER:					
¥	27. MANNER OF DEATH	26e, DATE OF IN	LIURY	Bab. TIME OF		5 Residence	7		0001055	
	1 Natural 5 Pending	(Month, Day,	Year)	INJURY	WOR	K?	200. DES	CRIBE HOW INJURY	OCCORED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At home c. (Specify)	, lerm, street		3 2 10	281. LOC City	ATION (Street and Num or Town, State)	nber or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, death	occurred at	the time, data a	nd place, and du	a to the cau	sa(a) and manner as	stated	
0	one) 2 MEDICAL EXAMIN	ER: On the beele of exac	mination and/or inv	eatigation, in	my opinion, des	th occured at the	time, date	and place, and due to	o the cause(s) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		1			29c. LICENSE NU				
BE	marin 1.	Kerval	wiln		UN	A		290, 1		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM 2			1) 216	012		10-2	7-71
	Marion C. Kowale					Balti	more.	Md. 212	34	
	OCT	2 8 1991	SIGNATURE	eviden	British			Md. 212		

181

- - - 3

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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JOHN KROTH John T. Kroth 3:45 PM 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-09-7382 1 M 2 - F 02/09/20 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center BALTIMORE DIRECTOR DALTIMONS eity RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland .. Brooklyn Pk.Md. _____ 1 TYES 2 THO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 608 Hopkins 21225 USA uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for use as the human rial, cremation, or removal. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15 YES 2 NO IF YES, GIVE WAR OR DATES 1941 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Merried 2- Married
3 Widowed 4 Divorced BY Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 9th.Grade Optician Crown Optical 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ John Joseph Kroth Bertha Joyce notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs.Bertha Kroth 608 Hopkins St.Balto.Md.21225 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Glen Haven Memorial Pk. 10/30 Glen Burnie, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21225 صرمه He McCully Funeral Home, 237 E. Patapsco medical 23. PART (Entail the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or haart failura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Respirate Insufficiency
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) traumatic event, inding physician and cor Hygiene prior to burial, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DIABETES CAUSE (Disease or injury that initiated events other 1 DUE TO (OR AS A CONSEQUENCE OF reaulting in death) LAST 0 been signed by the attert. of Health and Mental Injury, PART Ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

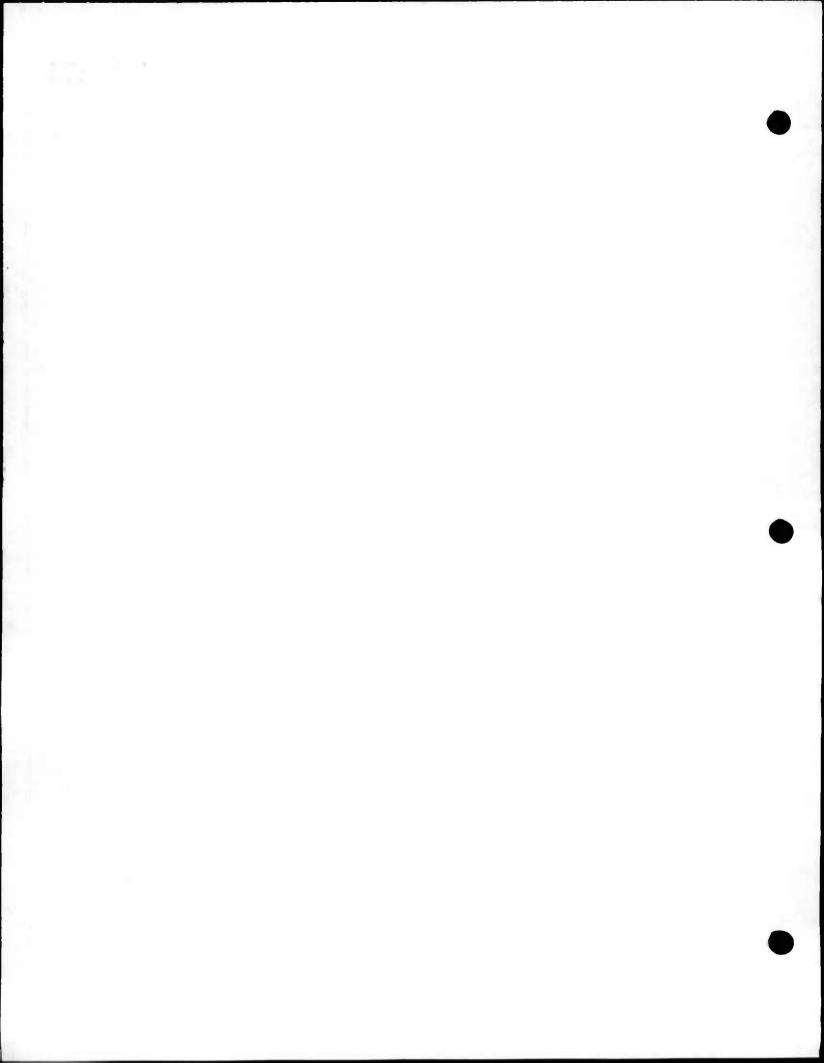
1 YES 2 NO 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT WORK?
1 YES 2 NO this c marked, 28b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation After the 8 2 Accident 26s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 69 ETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: A hours after of 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) CANGE 11-26-81 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Savidson-Randelle DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DOT TO A LOSS OF THE PARTY OF T

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physical	d in by the funeral director, page 5 should be detached for use as the burial-tor removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physical	E FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to with 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremarian, or removal

	1. DECEDENT'S NAME (First, Middle, Last)		14.7.51					2. DAT	E OF DEATH	10.	04	3. TIME OF DEAT 1:53
-	Naomi	Α.		KIEL					ucti	ober 2	23°, 19	9TAR	1:53
	4. SOCIAL SECURITY NUMBER 214-01-6138 A	5. SEX	6. AGE (In yrs. 81	last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DAT	E OF BIRTH 1th, Day, Year) 19-19	10	Coun	HPLACE (Stete or Form)
OR	90. FACILITY NAME (II not institution, give Franklin Squar					tim	or LOCATI	ON OF DE	EATH			timo	
DIRECTOR	10a. STATE 10b. COUN Md . Bal	timore			r, rown o		ION						10d. INSIDE CITY
FUNERAL	10e. STREET AND NUMBER 2739 Kirkleig			101. ZIP CODE 10g. CITIZEN OF WHAT COU					1 TYES 2 X				
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. YES 2/2 WAR OR DATES	ARMED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yee, specify Cuben, Maxican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: Specify:					ck, White, etc.			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	CEDENT'S USUAL OCCUPATION Ver kind of work done during most of working Do NOT use retired.) White					ce			
	Unknown 17. FATNER'S NAME (First, Middle, Lest) John Melvin			CLer	k		18. MOT	NER'S NA	ME (First,	Middle, Maid	Store	е	·
TO BE (190. INFORMANT'S NAME (Type/Print) John Kiel			196. MAILING 7538	Anna Krause Alling Address (Street end Number or Rural Route Number, City or Town, Stelle, Zip Code) 38 Lawrence Rd., Dundalk, Md. 2122			0.2					
	20a. METNOD OF DISPOSITION 1	noval from State	20b. PLAC	E AND DATE	OF DISPOSI		_	,	Dur		MQ		
	21. SIGNATURE OF FUNERAL SERVICE LICENSI 22. NAME AND ADDRESS OF FACILITY									alto.			
21. SIGNATURE OF FUNERAL SERVICE LICENSIS 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funera 21. SIGNATURE OF FUNERAL SERVICE LICENSIS 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funera 21. SIGNATURE OF FUNERAL SERVICE LICENSIS 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funera 21. SIGNATURE OF FUNERAL SERVICE LICENSIS									ral H	Home	Inc.		
	23. PART i. Enter the diseeses, Dr ahock, Dr heart fellure	. List Drily Drie ceu	t caused the ree on each ii	death, Dp r	not enter	the mod	de of dy	ng, aucl	as cei	diac or rea	plretpry an	reat,	Approxima interval Be
	ahock, pr heart feliure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reaulting in deeth) LAST	a. End S DUE TO COR P DUE TO Pulmo	t caused the deep on each life tage. En (OR AS A CONS U I MONA I (OR AS A CONS NATY H) (OR AS A CONS	nphyse nphyse secuence of le secuence of perte	ema Fi:	the mod	de of dy	ng, aucl	h as cer	diac or rea	piretory an	reat,	Approxima
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. End S DUE TO COR P DUE TO DUE TO d.	tage En (OR AS A CONS Ulmonal (OR AS A CONS nary Hy (OR AS A CONS	nphyse secuence of le secuence of perte secuence of	ema Fi: Fi:	n	de of dy	ng, auci	n as cer	diac or rea	PIRETORY and PIRETORY AND PROPERTY OF THE PIRETORY OF THE PIRE	reat,	Approxima interval Be
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intileted eventa resulting in death) LAST	a. End S DUE TO COR P DUE TO C. PUlmo DUE TO d	tage En (OR AS A CONS ulmonal (OR AS A CONS nary Hy (OR AS A CONS deeth but not olism	nphyse peouence of perter of treculting in the country of the coun	ema Fig. In Sio	O Seriying	de of dyi	ng, auci	Part i.	24a. WAS A PERF(1 YES	PIRETORY and PIRETORY AND PROPERTY OF THE PIRETORY OF THE PIRE	reat,	Approxima interval Be Onset and Onse
PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other eignificant conditions Suspected Pulm 25. WAS CASE REFERRED TO MEDICAL EXAMINER? V. 1 YES 2/NO 27. MANNER OF DEATN 1 Natural 5 Pending	a. End S DUE TO COR P DUE TO C. Pulmo DUE TO d. Date To Due To Due To Due To Due To Due To Due To Due To Due To Due To	tage En (OR AS A CONS Nary H) (OR AS A CONS OR AS A CONS	nphyse peouence of perter peouence of treeulting in the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peouence of the peoulting in the people of the peo	ema Fig. OTHER 4 Nursi	O 26. PL/: ing Nome 28c. INJU WOF	ACE OF DE	ng, auci	Part i.	24a. WAS A PERFC 1 YES	PIRETORY and PIRETORY AND PROPERTY OF THE PIRETORY OF THE PIRE	24b	Approxima interval Be Onset and Onse
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit nermit. Planes 1 2 3 should		tified at once.
4 hours after death. Page 6 may be re	illed in by the funeral director, page 5	n, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be executed within 2	attending physician and completely f	with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal,	iry, or other traumatic event, th
The Clan requires that the	his certificate has been signed by the	with the State Dept. of Health and M	ked, or item 23 shows any inju
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After t	be filed within 72 hours after death wi	IMPORTANT: If Item 28 is mark

	FOR STATE REGISTRAR	STATE OF MARYLAI		ENT OF HEALTH A		NTAL HYGIEN		to J to 1 1		
	1. DECEDENT'S NAME (First, Middle, Lest) IDA M. LONG					DATE OF DEATH DO OCT OBET	AY Y	3. TIME OF DEATH 1991 11:10 pm		
	4. SOCIAL SECURITY NUMBER 215-64-8721	1 - M 2 V F 8	MOR	UNDER 1 YEAR IF UNDER 24 ITHS DAYS HOURS	MIN	DATE OF BIRTH (Month, Day, Year) -8-1911	8.	BIRTHPLACE (State or Foreign Country) WARYLAND		
OR	90. FACILITY NAME (If not institution, give st NORTH ARUNDEL G		96.	GLEN BURN		9c. COUNTY OF DEATH ANNE ARUNDEL				
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	116			10d. INSIDE CITY		
FUNERAL DIRECTOR	MARYLAND ANN	E ARUNDEL	GLE	N BURNIE			LIMITS?			
IERA	320 ANDOVER ROAD				logi of the			OF WHAT COUNTRY? ED STATES		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES	13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 X NO	NISPANIC (Maxican, P Specify:	ORIGIN? (Specify Yes uarto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use retired.)				16b. KIND OF BUS	SINESS/INOUS			
OMP	7TH GRADE 17. FATNER'S NAME (First, Middle, Last)	N/A HOME MAKER					HOME			
BE CC	JOHN OSCAR BEARE.	S		18, MOTNE		(First, Middle, Maiden NIE JONES				
TO B	18e. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	PRESS (Street and Number or				de)		
	NANCY ALMES 200. METHOD OF DISPOSITION	NANCY ALMES 8016 CARADOC DRIVE BALTIMORE, MD 21237								
	1 Donation 5 Other (Specify)	camete GA	ROENS OF	FAITH CEM.	10-2	8-91 BA	LTIMOR	RE. MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Balto., Md. 21222									
	Scarl F	, (and	hen.	7922 Wise A	lvenu	e Balto.,	, Md. :	21222		
	23. PART I. Enter the diseases, or coshock, or heart feilure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on esci	failur	E E	& J	lage	ratory arrest	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A CO						grs		
PHYSICIAN: MEDICAL CI	PART H. Other significant conditions contributing to death but not stating in the underlying cause-given in Part I. PART H. Other significant conditions contributing to death but not stating in the underlying cause-given in Part I. PERFORMED? 1 YES 2 AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	L OT	26. PLACE OF DEATHER:	TN (Check o	only one)				
PHYS	27. MANNER OF BEATH	1 Inpatient 2 ER/Outpatie		Nursing Home 5 Hasid		Other (Specify) J. DESCRIBE HOW IN	YJURY OCCUR	ED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street	M 1 YES 2 N		LOCATION (Street a	and Number or F	Aural Route Number,		
E	4 Nomicide datermined City or Town, Stafe)									
COMPLETED	(Check only CERTIFYING PNYSIC	IAN: To the best of my knowledge. On the basis of axamination ar								
BE	211 STURE AND THE OF CERTIFIER	ehute (DM P	29c. ICENS				ONED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETIO CAUSE OF DEATH	(ITEM 27) (Type, Print	RATE	Tin	cons n	w.	2/2/8		
	31. DATE FILEO (Month, Day, Year) UU 1 28 1991	32. REGISTRAR'S SIGNATU	TRE modell	1.01	V **	0,50		101		

BALTIMORE, MARYLAND 21215-0020	FICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should the State Door of Hashin and Mariat Multiple prior to buriat permit and mariat Multiple prior to buriat permit.	or remova. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OH TEND SHOWN The law requires that the death certificate be executed within 24 hours after deat TO THE FUNERAL DIRECTION of the sertificate has been signed by the attending physician and completely filled in by the funche field within 72 hours of the filled w	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPA CERTII	RTMENT OF HE		ENTAL HYGIEN	_	29218	
	DECEDENT'S NAME (First, Middle, Last) Frances	Е.	Luedtke		2. DATE OF DEATH DO	AY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5, SEX	6. AGE (In yrs. last birthday		- minen as une	October 2			
	217-52-6734 1□м2∑		MONTHS DAYS	HOURS MIN.	3/16/190	0 M	BIRTHPLACE (State or Fore Country) aryland	reign
-	9a. FACILITY NAME (If not institution, give street and number)		7.1	LOCATION OF DEAT	гн	9c. COUNTY		
P	8428 Bussenius Rd.		Pas	adena		Anne	e Arundel	
DIRECTOR	10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LOCATIO	ON			10d. INSIDE CITY	
- E	Maryland Anne Arunde	21	Pasa	Pasadena			LIMITS?	
AL	10e. STREET AND NUMBER		101.		10g. CITIZEN	OF WHAT COUNTRY?	140	
EB	8428 Būssenius Roa	ad		21122		Unite	ed States	5
FUNERAL		DENT EVER IN U.S. ARMED	13. WAS DECE	DENT OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian	
BY	1 Never Married 2 Married FORCES? 3 Wildowed 4 Divorced FORCES?	1 TYES 2	Ify Cuban, Maxican, NO Specify:	Puerto Rican, etc.)		Black, White, alc. Specify: Whit	e	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT	S USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INOUST	RY	
<u> </u>	Elamentary/Secondary (0-12) College (1-4 or	5+) Me. Do NOT		of working				
MP		Home	maker			Do	omestic	
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	(First, Middle, Maiden	Surname)		
BE	James		Cassady	Lavin		stelle		25
0	19a. INFORMANT'S NAME (Type/Print)		G ADDRESS (Street and			n, State, Zip Cod	io)	Assessment
	Mrs. Vera E. Hood	24 N	. Jerome	Parkwa	y Glen	Burni	ie,MD. 21	060
	20s METHOD OF DISPOSITION 1	cometery crometory or	OF DISPOSITION (Name other place)			CATION — City		
	4 Donation 5 Other (Specify)	Loudon	Park Cem	etery 1	0/25/91	Balti	imore, MD).
	-2/1: M	/_		ADDRESS OF FACIL	l Home of	Pagade	ma	
Ш	Calena . Or must)			Rd., Pasa			2
	23. PART i. Enter the diseases, or complications t	hat caused the desth. Do	not enter the mode	of dying, such a	a cardlec or reepl	ratory srrest,	Approximat	_
	ahock, or heart fellure. Light only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in desth) But To (or as a consequence of):							
No	Samuella Har and Hara Ca Court has Asterior Chrosis							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE O	JF):					
띮	CAUSE (Disesse or injury c. DUE:	TO (OR AS A CONSEQUENCE (OF):					
F	resulting in deeth) LAST						1	
	DART II Other algoriticant as distance in	Bello a	-					
EDICAL	PART II. Other significent conditions contributing	to death but not resulting	in the underlying	cause given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	o
ME							1 YES 2 NO	0
z								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLAC	E OF DEATH Check	only one)			
ΥS	1 YES 2 NO 1 Inpetiant	ER/Outpetient 3 DOA	4 Nursing Home	_	Other (Specify)			
	27. MANNER-OF OEATH 1. Natural 5 Pending 28s. DATE (Month)		JURY WORK	7	8d. DESCRIBE HOW IN	JURY OCCURE	0	
BY	2 Accident Investigation			3 2 NO				
8	3 Suicide 6 Could not be 26a. PLACE building 4 Homicide determined	OF INJURY — At home, farm, eg, etc. (Specify)	streat, factory, offica	21	Bf. LOCATION (Street a City or Town, State)	nd Number or Ru	ıral Route Number,	
COMPLET	20. CERTIFIE							
MP.	(Check only CERTIFYING PHYSICIAN: To the best	of my knowledge, death occur	red et the time, data ar	d placa, and dua to	the cause(a) and man	ner as stated.		
8	2 MEOICAL EXAMINER: On the basis of	axaminstion and/or investigsti	on, in my opinion, desi	h occured at the tim	e, deta and place, and	due to the cau	use(a) and mannar as stat	sted.
BE	296 SIGNATURE AND TITLE OF CERTIFIER		-4	9c. LICENSE NUMBE	R	29d. DATE SIG	NED (Month, Day, Year)	
10	the Cal hilly . a.			10 920	68	· 10.	23.91	
	31 NAME AND ADDRESS OF PERSON WHO COMPLETED CO	AUSE OF DEATH (ITEM 27) (Type	2. Print)					
	31. DATE FILED (Month, Chip, Year) 32. REGIST	HAR'S SIGNATURE	7					-
	OCT 28 1991	beri Horbelle						



Page 6 may be retained by the hospital or attending physician ALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit permit. Pages 1, 2, 3 should

page 5 should be notified at

funeral director,

COMPLETED

BE 2

MYO THANT

1991

31. DATE FILED (Month, Day, Year) OCT 28

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32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
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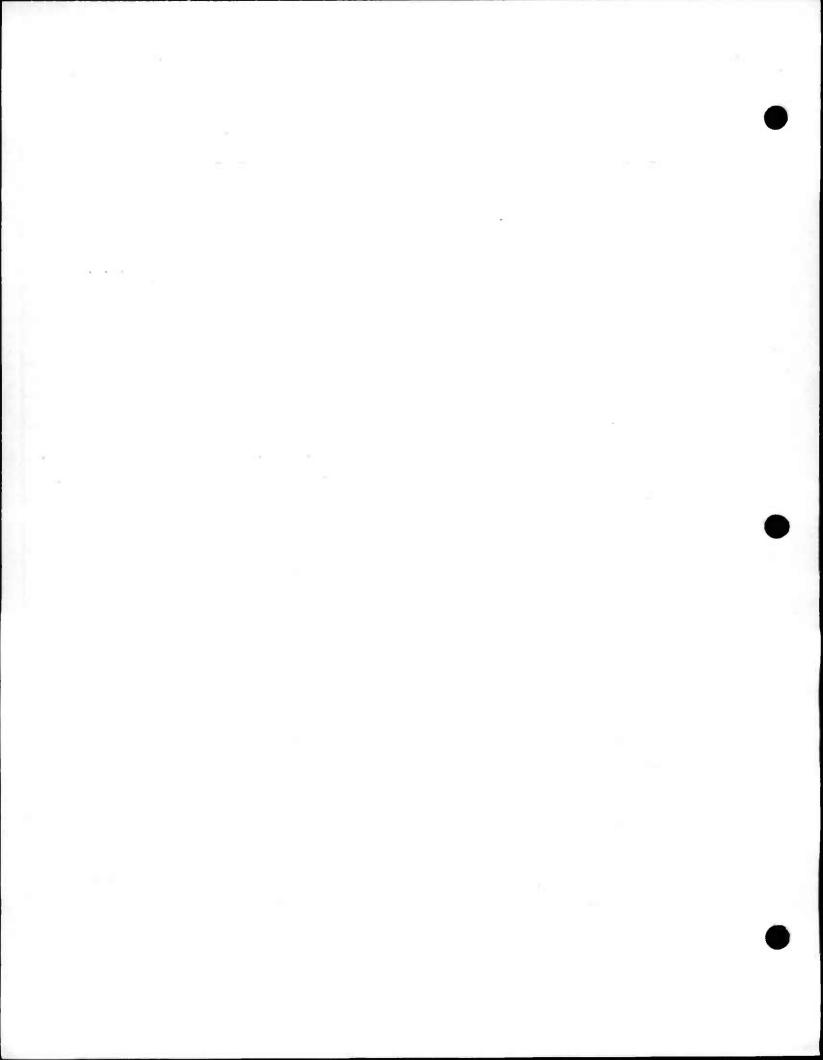
29279 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OCT. 24, DAY 1991 YEAR GRANISON RAY MCELROY 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 - F 411-32-6860 65 8-26-1926 TENNESSEE 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 64 AVALON AVENUE DUNDALK BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 TES 2X NO BY FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 64 AVALON AVENUE 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple ast of working (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 6TH GRADE N/A OPERATING ENGINEER CONTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GRANDERSON FLETCH MCELROY 8 VALLIE MAY WARSHAM 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JEANNE C. MCELROY AVALON AVENUE DUNDALK MD 21222 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 V Buriel 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) COBERTSON COUNTY MEM. GDNS. 10/27 SPRINGFIELD. TENN. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or haert failure. List only one ceuse on each lina Interval Between IMMEDIATE CAUSE (Finel Onset and Death d) Esophagus disease or condition resulting in death) accomme DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 1-HO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ВУ

	HOSPITAL: Impetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 Thresidence	e Other (Specify)			
27. MANNER OF DEATH 1 Mitural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)				V INJURY OCCURED		
3 Suicida S Could not be 4 Homicide determined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, streat, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	AN: To the best of my knowledge, do On the basis of examination and/or				nanner ea stated. end due to the ceuse(s) and menner as atated.		
29b. SIGNATURE AND TITLE OF CENTRICAL	MD		29c. LICENSE NU	MBER 1487	> 10 /24/9		

PRANTUN SOUARE DR, BALTO, MD 2123 7

OHMH-18 Rev 1/89



LILLIAN McCORMICK

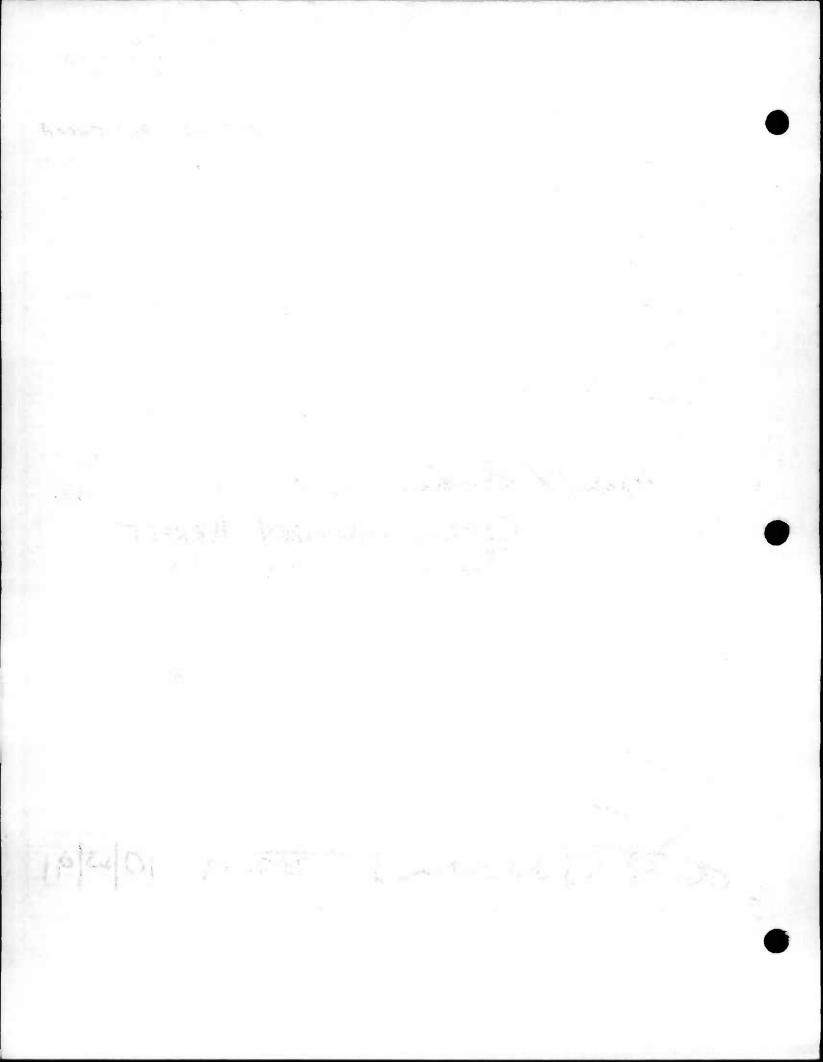
Barber ferred Home 301-948 3500 91 29280

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last LILLIAN	McCORMICK				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-44-2795	1 - M 2 X F 9	YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) MARCH 3,19	Co	THPLACE (State or Foreign untry) ASHINGTON, D	
OR	9a. FACILITY NAME (If not institution, give MERIDIAN NURSII				R SPRING		9c. COUNTY O	F DEATN GOMERY	
DIRECTOR	10a. STATE 10b. COUN	TGOMERY		TOWN OR LOCAT				16d. INSIDE CITY LIMITS? 1 YES 2 YNO	
	10e. STREET AND NUMBER 3227 BEL PRE RO	OAD.			ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE		2 3NO	If yee, sp		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) fy:	or No 14. R.	USA ACE — American Indian, lack, White, atc. Decity: WHITE	
LETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		16a. DECEDENT'S U (Give kind of we life. Do NOT use HOMEM	ork done during mo retired.)	ON set of working	16b. KIND OF BUS	INESS/INDUSTR		
E COMPL	8 – HO 17. FATNER'S NAME (First, Middle, Last) SAMUEL MAURICE BRISCOE			AKER	335011111111111111111111111111111111111	HOME AME (First, Middle, Melden : INIA CLARA		т	
TO B	19a. INFORMANT'S NAME (Type/Print) ADELAIDE MONDAY	ATON, MD.	17200						
AL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A	-	tion		1 ARI		Interval Betwo	
: MEDICAL	PART II. Other algorificant condition	one contributing to death b	out not reaulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation Investigation	MOSPITAL: 1 Inpetiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		OTHER: 4 Wiraling Non OF 28c. IN. WY	LACE OF DEATH (Come 5 Realdence JURY AT DRK? YES 2 NO	heck only one) 6 Other (Specify) 2ed, DESCRIBE NOW II	NJURY OCCURE		
COMPLETED	3 Suicide 8 Could not be determined 20a. CERTIFIER (Check only 1 CERTIFYING PN)	/SICIAN: To the best of my know NER: On the bests of examinatio	cify) riedge, death occurre	d at the time, date	a and place, and du	e time, date and placa, an	mer as atated. d dua to the cau		
TOBE	The same of the same of	32. REGISTRAR'S SIGN	NDOLPH RO	OAD RO	OCKVILLE,	8544 MD. 2085	16	123 91	

Thours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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8	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremat	any
Sign	leal	82
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S D	bt	53
ter this certificate has been signed	Ö	narked, or item 23 shows any injury, or other traumatic event, the medical examiner
cat	Stat	Ite
ertit	the	9
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NE	be filed within 72	H
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lost) Melvin KEI	TH Patt	erson		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 242-11-4371 98. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (I	n yrs. lest birthdey) IF U	NDER 1 YEAR F UNDER 24 HRS THE DAYS HOUNS MIN. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 11-21-58	8. BIRTH Countr	N.C.	
DIRECTOR	Johns Hopkins H	The second secon		Baltimore				
	MD 106. STATE 106. COUNTY		BALT	MORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	432 E. LAFAYETTI			10f. ZIP CODE 21202		WHAT COUNTRY?		
Β¥	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATES IF YES, GIVE WAR OR OATES If yes, specify Cuban, Mexit 1 YES 2 X NO Specify Cuban, Mexit				Black	— American Indian, k, Whita, atc. BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9TH	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	MARYLAND	IESS/INDUSTRY	N COMPANY	
BE CO	17. FATHER'S NAME (First, Middle, Lest) HAROLD MOORE	NAME (First, Middle, Meiden Su NE PATTERSON	1					
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 432 E. LAFAYETTE AVE./BALTIMORE, MD 21202							
	20a. METHOD OF OISPOSITION 1 V Burtel 2 Crematton 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ST	PLACE AND DATE OF DIS	RCH CEMETERY	LITTI	LETON, N	,	
	· Gladus	Warre	2	WM.C.MARCH F.	H./1101 E. I	NORTH AV	/E.	
	IMMEDIATE CALISE /Final	Gunsho	cn line.	nter the mode of dying, at		ory arrest,	Approximata Interval Batween Onset and Daath	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST		CONSEQUENCE OF):					
MEDICAL	PART II. Other eignificent conditione	contributing to death bu	it not resulting in the	underlying ceuse given i	n Part I. 24e. WAS AN AU PERFORME	D?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?	
PHYSICIAN:		HOSPITAL:		26. PLACE OF OEATH (G				
B	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 10 26 19 26a. PLACE OF INJURY	28b. TIME OF INJURY 9 1 7 : 3 1 P	Numing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO factory, office	Subject s	hot	In the Mumbur	
COMPLETED	Homicide detarmined building, etc. (Specify) On street 400 blk. E. Lafayet							
	(Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE-AND TITLE OF CERTIFIER	: On the back of examination	end/or investigation, in a	ny opinion, death occured at th	is time, data and place, and d	ue to the cause(s)) and mannar as stated.	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	L Chute	mo	O. C. M		Pd. DATE SIGNED	(Month, Day, Yeer)	
			111 Penn	Street, B	altimore M	arylan	d 21201	
	OCT 28 1991	12. REGISTRAR'S SIGNA	TURE					

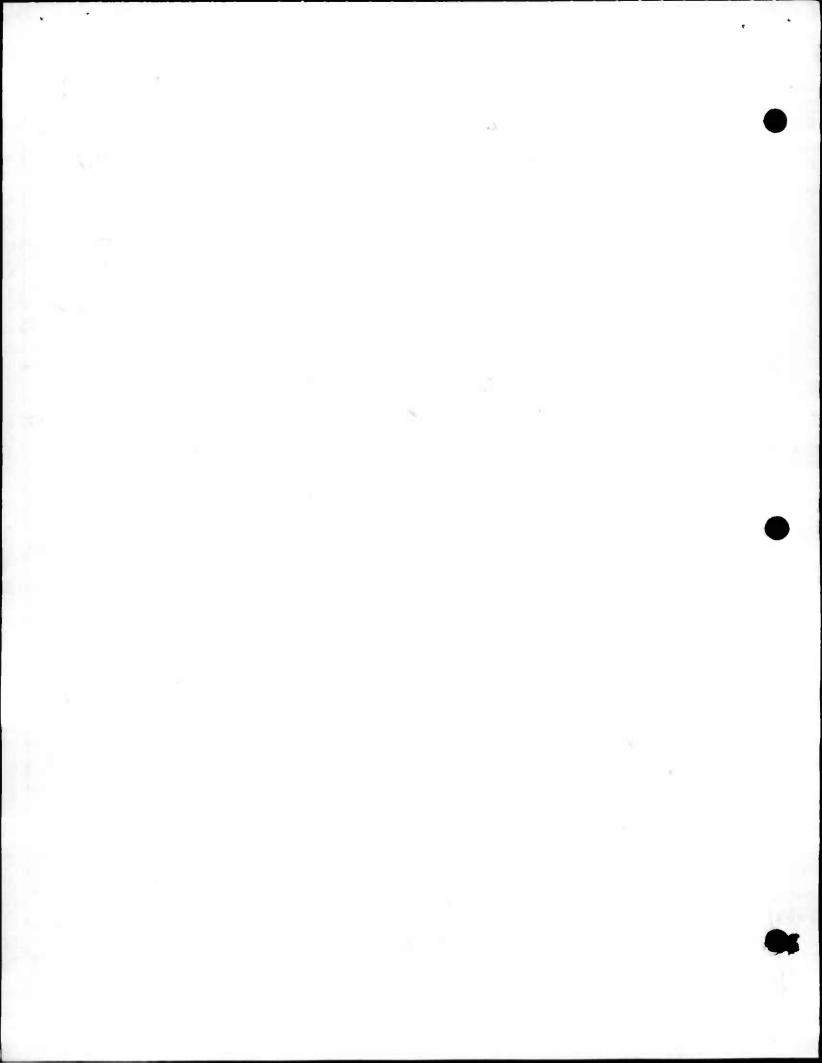


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D, BALLIMORE, MARYLAND	ithin 24 nours after death. Page 6 may be retained by the host	letely filled in by the funeral director, page 5 should be detache emation, or nemoval.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremarion, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND I	MENTAL HYGI		29282	
	1. DECEDENT'S NAME (First, Middle, Last)	Relation 1		JAMES		2. DATE OF DEATH		3. TIME OF DEATH 730 A M	
	4. SOCIAL SECURITY NUMBER V/4 9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. 7 33	7. DATE OF BIRTH (Month, Day, Year)	-91	Country)	
DIRECTOR		AL CENTER	2		IMORE			TIMORE	
	Mary And 106. COUNT	Υ	10c. CIT	by Hin				10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3602 W, SAR				2/21		0	N OF WHAT COUNTRY?	
B≼	1. MANHIAL STATUS 1. Married 2 Married 3 Widowed 4 Divorced				ENDENT OF NISPAN ecity Cuben, Mexice 2 10 Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	8. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us	VISUAL OCCUPATION FOR done during move retired.)	ON st of working	16b, KIND OF	BUSINESS/INDUS		
BE COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Meio	Polst				
10	TERRIE, PO	LITON	360	ADDRESS (Street a	SARA	Poute Number, City or	Town, State, Zip Co	D MD, 21229	
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	novel from State cem	PLACE AND DATE C etery, crematory or of	her place) /17.	ZION	1931/91		MD.	
	- Han	13. Cy	2	1701	MEC	LULLOH	1 RD	HARRIS F.H.	
	23 PART LEmer the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEVER	E RES	PIRATOR		RESS S		interval Between Onset and Death	
RTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CE	PART II. Other significant condition	na contributing to death bu	at not reaulting i	n the underlying	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	194	26. PL	ACE OF DEATH (Che	ock only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME	OF 28c, INJU		6 Other (Specify) 28d. DESCRIBE NO	W INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, s					Rural Route Number,	
COMPLETED	29a. CERTIFIER (Chock only one) 1 CERTIFYING PHYSIC CERTIFYING PH	ICIAN: To the beet of my knowle	edge, death occurre	d at the time, date	end place, end due	to the cause(e) end r	menner se steted, and due to the c	euse(e) and manner ee atated.	
TO BE (296. SIGNATURE AND TITLE OF CERTIFIED WAS BURNEY BURNEY	10			29c. LICENSE NUM	BER		IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WA	D. , 22 SOUT	1 GREEN	Print) VE ST.	- NSW68	, BALT	IMORE,	Mp 21201	
	31. DATE FILED (Month, Day, 16ar) 0CT 28 1991	32 REGISTRAR'S SIGNA	-Randale						

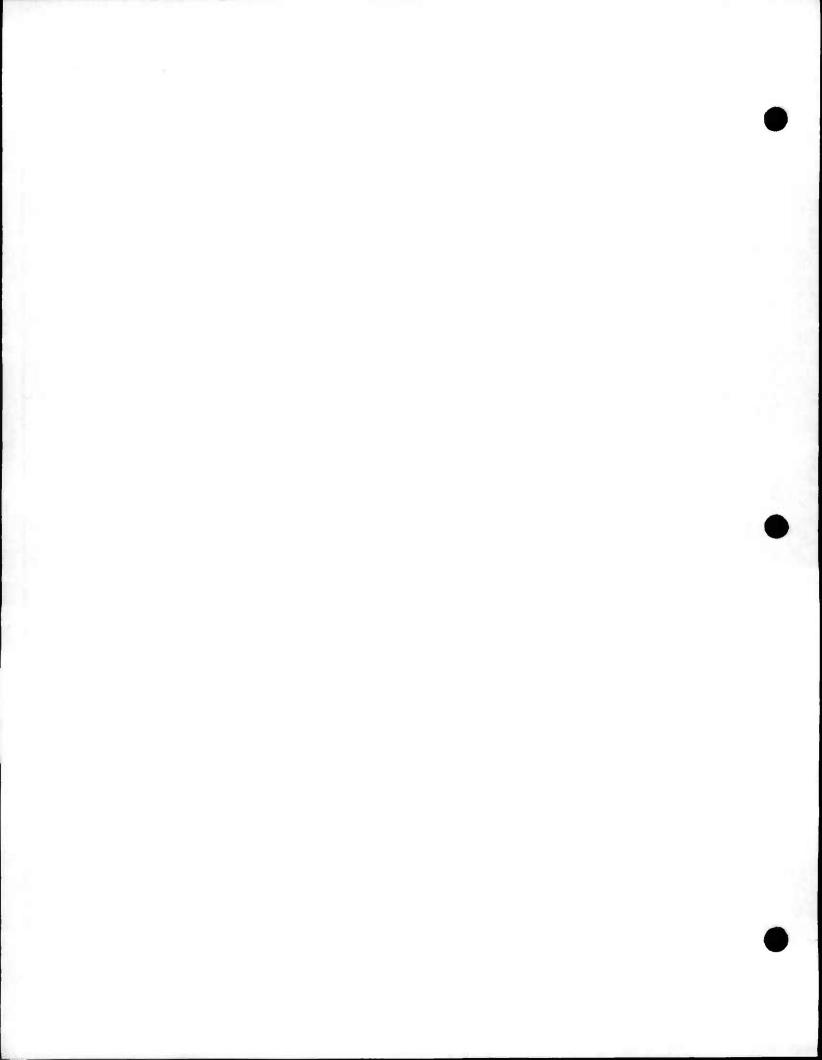


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE				
ACCUTICIOATE AC DEATH				

	FOR STATE REGISTRAR	TE OF MARYLAND		MENT OF H		IENTAL HYGI			
i		mon Pat	rick	F UNDER 1 YEAR			a a a	97	2 5 AM
i	4. SOCIAL SECURITY NUMBER 5. SEX 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1	6. AGE (In yrs.	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year 12 22	133	Country) VIR	CINIA		
TOR	9e. FACILITY NAME (If not institution, give street and FA I STON GENERA) RESIDENCE OF DECEDENT	Haspita	9	FALLS T	R LOCATION OF DEA	ryland		ARFO	2D
JIREC	10e. STATE PA.			TOWN OR LOCAT	ION	0			d. INSIDE CITY LIMITS? VES 2 A NO
RAL (100. STREET AND NUMBER P. O. Box 120 Wil	llew St.		101	ZIP CODE 17 5 84		10g. Ci	TIZEN OF WHA	
BY FUNERAL DIRECTOR	1 Never Married 2 N Married FOI	S DECEDENT EVER IN U.S. RCES? 14 YES 2 [YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF NISPANI icity Cuben, Mexican 2 NO Specify:	, Puerto Rican, atc.		14. RACE — Bleck, W	American Indian, thits, atc.
COMPLETED E	15. DECEDENT'S EDUCATION (Specify only highest grade complete	od)	(Give kind of worlde. Do NOT use		st of working	19b. KIND OF		IDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Arthur Patrick	De	tilstic	s Reser	ch Lab. 16. MOTHER'S NAM Minnie			roving	Ground
TO BE	19a. INFORMANT'S NAME (Type/Print) Catherine S. Patr	ni ok			nd Number or Rural R				504
	20s, METNOO OF OISPOSITION XIX Buriel 2 Cremetion 3 Removat from	20b. PLA	CE OF DISPOSIT	ION (Name of cer	netery, cremetory or h Cemete:	200	LOCATION -	- City or Town	, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	rel Hom	rdens	22. NAME AI	assahn Fi 401 Bela:	uneral H	ome		aryland 21236
CERTIFICATION			SARDIA SECUENCE OF: SECUENCE OF:	I I	u faret	· (on			Approximats Interval Between Onset and Death
MEDICAL		ributing to death but no lellitus rfficienc		the underlyin	g ceuse given in	PEI	S AN AUTOPS' RFORMED?	A C	FERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		OTHER:	ACE OF DEATN (Che				
BY PHYSICIAN:		se. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	DURY AT DRK? YES 2 NO	8 ☐ Other (Specify, 28d. DESCRIBE H		OCCURED	
		6s. PLACE OF INJURY — A building, stc. (Specify)	t home, farm, st	reet, factory, offic	•	281. LOCATION (Si City or Town, S		ber or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVINO PNYSICIAN: To one) 2	o the best of my knowledge he basis of examination and							and menner as stated.
TO BE (1296. BIGNATURE AND TITLE OF CERTIFIER RELIEF P. BUTTEN	ich MI) .		Do 55	43	29d. D	ATE SIGNED (A 10-23	nonth, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO COME 754 Hickory A	ve Bei	A. R	Print)	nd. 21	1014			
	31. DATE PILED (Month, Day, Year)	2. REGISTRAR'S SIGNATUR	widson-R	indelle	SI.				

	James E.	Poe					2. DATE OF DEATH	1991	YEAR	3. TIME OF DEATH 7:00 P.
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		. BIRTHP Country)	LACE (State or Foreign
	236-01-8895	1 🔀 M 2 🗆 F	75	YRS.		1884.75	5/9/19	16		Virgini
TOR	90. FACILITY NAME (If not institution, give s Francis Scott]		Ctr.			or Location of D		9c. COUNT	Y OF DE	ATH
DIRECTOR	Md . Ba	ltimore			ndalk		·			10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	10e. STREET AND NUMBER					Of, ZIP CODE		10g. CITIZE		AT COUNTRY?
NS I	1940 Maxwell 11. Marital status	AVE	EVER IN U.S. ARI	MED	13 WAS OF	21222 CENDENT OF HISPAI	NIC ORIGIN? (Specify		S	
B≺	1 Never Merried 2 Numeried 3 Widowed 4 Divorced	FORCES? 1X IF YES, GIVE WAI	XYES 2 N	10	If yes, a	pecify Cuben, Mexica S 2 NO Specif	en, Puerto Ricen, etc.)	Tes or No.		- American Indian, White, atc. : White
ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gi	CEDENT'S U	ISUAL OCCUPAT	ION lost of working	16b. KIND OF	BUSINESS/INOU	STRY	
	Elementary/Secondary (0-12) Unkno	College (1-4 or 5 +)	2.0	orema			Reth	lehem	Sta	۵۱
COMPL	17. FATHER'S NAME (First, Middle, Last)	117) L Chie		18, MOTHER'S NA	ME (First, Middle, Male		bee	<u>C1</u>
i ա I	Carl W. Poe					Wino				
TO BI	19e. INFORMANT'S NAME (Type/Print)		196	MAILING /	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip C	ode)	
	Mr. Carl T. P	oe					Dundall	Md.	21	222
	20e. METHOD OF DISPOSITION 1 ☐ Burlet 25€ Cremation 3 ☐ Rem	oval from State	20b. PLACE A cametery, crar	ND DATE OF	F DISPOSITION (A	lame of	OATE 20c.	LOCATION — CH		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	ence-7	Gree	n Mo	unt C	rematory	BA	ltimo	re,	Md.
	11111111	// _			Brad.	ND AGORESS OF FA	ton Fune	ral Ho	ome.	Inc.
	Willen	9			2134	Willow	Spring	Rd. Ba	alto	.,Md.212
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	c	R AS A CONSEO	UENCE OF)						
3	PART II. Other significent condition Severe Vas			eulting in	the underlyin	ng cause given in		AN AUTOPSY ORMEO?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
MEC							1 YES	2 NO	0	F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 TO NO	1 Inpetient 2 E	R/Outpatient 3		OTHER: Nursing Hor	me 5 Pasidence	8 Other (Specify)			
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year)	28b. TIME INJUI	M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOV	V INJURY OCCUI	RED	
ETED	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At hon c. (Specify)	ne, farm, str	eet, factory, offi		28t. LOCATION (Stree City or Town, Ste	et and Number or te)	Rural Rou	ite Number,
O BE COMPLETED BY PHYSICIAN	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE									ind menner es stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	berto, 1	ms.			29c. LICENSE NUN		29d. DATE S	GNED (A	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	5%.	BAL	to,	nucl	2/224	ROBE	RT LIB	ERT	ò, mo.
	31. DATE FILED (Month, Day, Year)	1991 Su	Lia Davido	on-Ran	ndelle	7				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

as 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPART	TMENT OF I	HEALTH AND			11 29	285
	1. DECEDENT'S NAME (First, Middle, Last) Americus	dump GASS dump GASS	ROSA			2 DATE OF DE		991 5:5	OF DEATH
		1 🛍 M 2 🗆 F	BE (In yrs. lest birthdey) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	TN	a. BIRTNPLACE (SI	
e e	90. FACILITY NAME (If not institution, give str Franklin Square	HOSD.		Baltie	OR LOCATION OF D		9c. COU	NTY OF DEATN	1 5 3
۲	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
FUNERAL DIRECTOR	MA .			timere				10d. INSI	DE CITY ITS? S 2 NO
ERA	Middle Way Rd.	202			1. ZIP CODE 21220-3	3802		S • A •	NTRY?
В		12. WAS DECEDENT EVER FORCES? 1 NEW F IF YES, GIVE WAR OR	ES 2 NO	13. WAS DEC	CENDENT OF NISPA	NIC ORIGIN? (Specien, Puerto Rican, el	Ify Yea or No I	14. RACE — Americ Black, White, of Specify: Wh	tc.
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	18e. DECEDENT'S U	USUAL OCCUPATION done during mo	DN of working	16b. KIND C	OF BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	Merchan	retired.)	7-07-	Nat:	ional	Maritim	le
BE CO	17. FATNER'S NAME (First, Middle, Last) Unkown	I	Rosa			AME (First, Middle, M			
TO B	190. INFORMANT'S NAME (Type/Print) Linda Cand	lal	19b. MAILING A	Steelt	and Number or Rural	Route Number, City of	or Town, State, Zip	Code)	
	20a, METNOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Remov	val from State	20b. PLACE AND DATE OF cemetery, crematory or other	1226 Steelton Ave. Ba			DATE 20c. LOCATION - City or Town, State 0/28 OWings Mills, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			W. Dabrowski-Chojnacki P.A. F.H. 1005 Dundalk Ave. Balto., Md. 212					н.
NC	23. PART I. Enfer the diseasea, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	23. PART I. Enfar the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Massive Hemorrhands.							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sepsis	S A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	the undarlying	; cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUT MAILABLE COMPLETH DF DEATH: 1 YES	PRIDR TO ON OF CAUSE ?		
S		HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)			
14S		1 Inpatient 2 ER/Ou 28e. DATE OF INJURY	utpetlent 3 DOA 4	4 - Nursing Home	5 Residence				
BY Pł	1 Natural 5 Pending Investigation	(Month, Day, Year)) INJUF	M 1 Y	RK? ES 2 NO	28d. DESCRIBE N	OW INJURY OCC	URED	
ETED	a Could not be determined	adilding, etc. (Sp				City or Town, S	State)	or Rural Route Numbe	₩,
COMPLET	1 CERTIFYING PHYSICIAL 2 MEDICAL EXAMINER:	All: To the best of my kno on the beele of examinati	owledge, death occurred iton end/or investigation,	at the time, date	end place, end due	to the cause(s) end time, date end plac	d menner se state	d,	or as stated.
	36. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, pay, Year)		
8	(Myssame)	Met.	IVI()				P /	012419	1 /
	MAME AND ADDRESS OF PERSON WHO	1/	DEATH (ITEM 27) (Type, P) 00 Frankli		R. Balto	MD 21	1227	0/24/	1,

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		Pages 1, 2, 3 should		
	IYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	the hospital or a	detached for us		
	be retained by	age 5 should be		
	Раде 6 тау	al director, pa		
	rs after death.	by the funer	removal.	
	Juon L	filled in	n, or r	
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	e executed	an and com	to burial,	
	sertificate b	ing physicia	vgiene prior	
	the death c	the attend	d Mental Hy	
	equires that	in signed by	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	e law re	has bee	Dept. o	-
	CIAN: Th	irtificate	he State	
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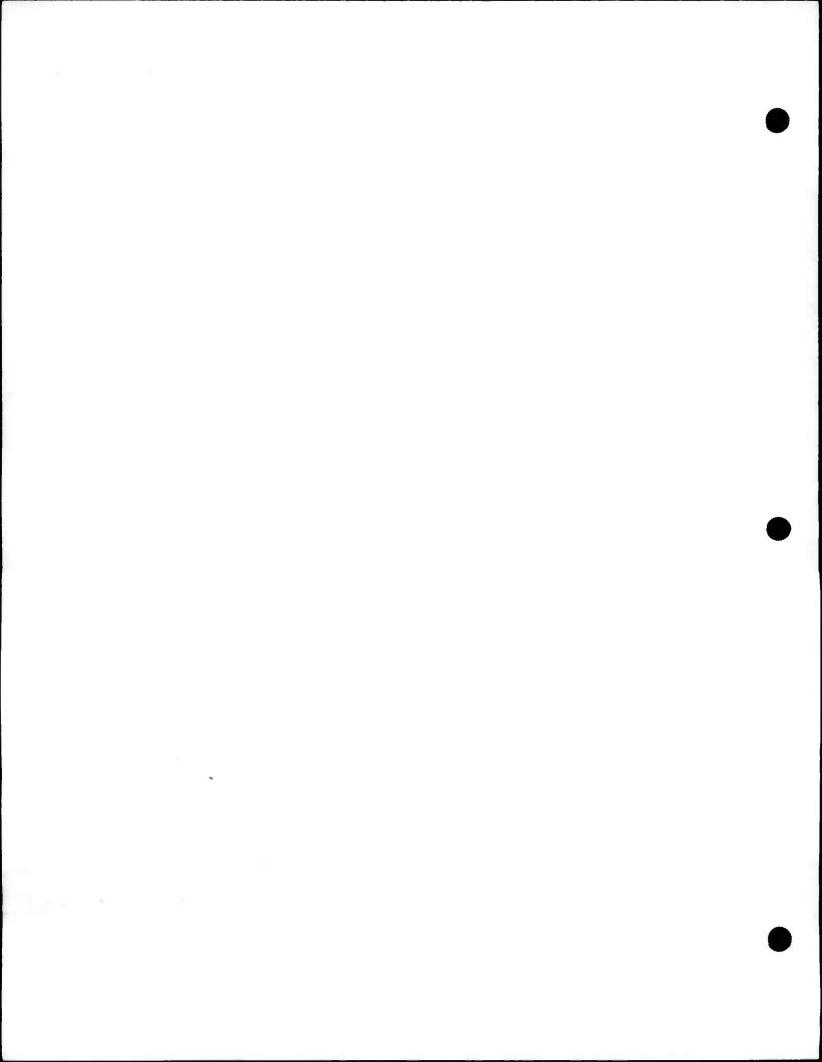
31. DATE FILEO (Morith, Dey, Year) 0CT 28 1991

	FOR STATE	ATE OF MARYL				MENTAL HYGIEN	E 91	29286		
	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO				
1 1	1. DECEDENT'S NAME (First, Middle, Last)							SAR // S D		
1 1		garét	Russo			Oct. 22.	1991	1112 d P M		
	4. SOCIAL SECURITY NUMBER 5. SE 214-01-5588 1 □	EX 6. AGE (/	in yrs. last birthday) 77 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) Oct. 14		BIRTHPLACE (State or Foreign Country) Virginia		
	9a. FACILITY NAME (if not institution, give street an	id number)	4	9b. CITY, TOW	N OR LOCATION OF D			OF DEATH)		
DIRECTOR	Fallston General F	lospital .		Falls	ton		. Ha	rford.		
E	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LO	CATION	-		10d, INSIDE CITY LIMITS?		
1 - 1	Maryland Harfor	<u>rd</u>		<u>Belair</u>			,	1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER			ŀ	10f. ZIP CODE			N OF WHAT COUNTRY?		
Ä	240 B Crocker Driv				21014		USA			
B	1 Never Married 2 X Married F	MAS DECEOENT EVER IN FORCES? 1 YES FYES, GIVE WAR OR DA	2 XVO	If yes,	DECENDENT OF HISPA apocify Cuban, Maxica (ES 2 NO Specific		or No— 14	RACE — American Indian, Black, Whita, etc. Specify: White		
요	15. OECEOENT'S EDUCATION (Specify only highest grade comple	N otach	16a. DECEDENT'S	S USUAL OCCUP	ATION	16b, KIND OF BU	SINESS/INDUS	STRY		
High I		lege (1-4 or 5+)	life. Do NOT u	ise retired.)	most or working					
를		2	Secreta	ary		Board o	of Edu	cation		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				and the second second	AME (First, Middle, Malden	Surname)			
BE (William Carman				Lilly	Nunnelly				
TO B	19a. INFORMANT'S NAME (Type/Print) Albert J. Russo					Route Number, City or Tow e, Belair,				
	20a. METHOD OF DISPOSITION	20b	, PLACE OF DISPO		cemetery, cremetory or			y or Town, State		
	1) Burial 2 Cremation 3 Removal fr	rom State	other place)					ım, Md. 21093		
	21. SIGNATURE OF FUNERAL BERVICE LICENSES			22. NAMI	AND ADDRESS OF FA	CILITY	morne	in, Ma. 21033		
	Lowe	II M. Lemi	mon			ell-Wiedefe		n. Md. 21093		
	23. PART I. Enter the disasses, or compl	ilcatione thet ceused	the death. Do	not anter the	mode of dying, aud	ch as cerdiac or resp	iratory srrea	it, Approximeta		
	shock, or heart failure. List o	niy one cause on a	ach line.	17 1	. 1	_	1-	interval Between Onset and Death		
	disesse or condition resulting in death)	Artexic	stler	stre t	Raby !	Dress	c tet	OBY 15 minter		
7	- PERCHESTIVE ASCITES + MINIMATION									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	0	d' Silitité	Mai	`		
\§	cause. Enter UNDERLYING									
<u>E</u>	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):						
<u>E</u>	resulting in death) LAST									
5	PART II Other significant conditions can	ntelbustion to don't b		to also included		Section 1				
🕺	PART II. Other significant conditions con	South Death B	1100		ore C. T.	Part i. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL	1.00/52 02010	Sanchou	3 01710	w 2dry	ST 20 (110	1 _ YES	2 NO	OF DEATH?		
M	1000	LAMBA !	rhind	100	67			1 TYES 2 NO		
z	COPVI	Hoba	Dig 13	111741	store D	266256				
25. WAS CASE REFERRED TO MEDICAL EXAMINITY: 1 VES 2 VINO 28. PLACE OF DEATH (Check only one) COTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNIFA OF DEATH 28. DATE OF INJURY (Month, Day, Vear) 28. INJURY AT WORK?										
							RED			
à	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
ا م ا	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, farm, cify)	street, factory,	office	28f. LOCATION (Street City or Town, State	and Number or)	r Rural Route Number,		
E I										
COMPLETE	29a. CERTIFIER (Check only 1 DEERTIFYING PHYSICIAN:	To the best of my know	rledge, death occu	rred at the time,	data and place, and du	e to the cause(s) and me	inner as stated	l.		
S S	000) 2 MEOICAL EXAMINER: On	the bash of exemination	n and/or investigat	lon, in my opinic	m, death occured at the	e time, data and place, a	nd due to the	cause(a) and manner as stated.		
Ш	296. SIGNATURE AND TITLE OF CENTIFIES	1111/	man	_	29c. LICENSE NU	IMBER CO	29d. DATE	SIGNED (Month, Day, Year)		
00	1 MMM/	NY	11101)		100	4334	.	0/23/11		
우	30. NAME AND ADDRESS OF PERSON WHO COM	MAN ETED CAUSE OF DE	ATM ATEM OF A	n Delett		1 21		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

2303 BURY RABISON MOLLING

32 PRECISTRAR'S SIGNATURE

Sulia Davidson-Randale



This state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The medical examiner must be notified at once. TO THE FUNERAL DIFECTION OF THE TO THE FUNERAL DIFECTION DE filed within 72 hours are IMPORTANT: If liem 28 is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO.	E	23201
	1. DECEDENT'S NAME (First, Middle, Last) RALPH E	•		IMMONT,		2. DATE OF DEATH	91	AR 08:33 PM
	4. SOCIAL SECURITY NUMBER 212-26-8302	1 🕅 M 2 🗆 F 6	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 27, 19	29 M	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	90. FACILITY NAME (If not institution, give str NORTH ARUNDEL HO		CIATION		BURNIE	EATH	9c. COUNTY	A. COUNTY
DIRECTOR		ARUNDEL		EN BURN				10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	1023 Cayer Drive	-		100	21061		U.S.	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR I	2 XNO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 XNO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:		RACE — American Indian, Black, Writte, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12) 6TH	ATION ompleted) College (1-4 or 5+)	Ille. Do NOT use	ork done durina ma	ON st of working	16b. KIND OF BUS	COMPA	
BE COM	17. FATHER'S NAME (First, Middle, Lest) GEORGE W. SIMM	ONT		I OID IN		ME (First, Middle, Meiden S	Surneme)	NI.
101	19e. INFORMANT'S NAME (Type/Print) RONALD L. SIMMO	NT				APT. 110, (URNIE, MD. 210
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	Li	b. PLACEAND DATEO metery, cremetory or oth OUDON PAR	F DISPOSITION (Na ner place) K CEMET	me of ERY	10/28 BAI		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	mill		HUBBAI	JILKENS A	CILITY AL HOME INC	C.	MD 21220
CERTIFICATION	23. PART I. Entar the disease, or co ahock, or haert feliure. Li IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS	a consequence of	nmay	Arres	Money (atory erreet,	Approximate intervel Between Oneat and Death
MEDICAL CER	PART II. Other eignificant conditions	contributing to deeth t					WTOPSY	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
AN: MED						1 □ YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 THO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: Third the time to be compared to the control of the								
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year)	/	M 1 V	RK? / [/]	28d. DESCRIBE HOW IN	JURY OCCURE	D
ETED.	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe-	T			261. LOCATION (Street en City or Town, State)	MA	iral Route Number,
COMPLETED	(Check only 1 CERTIFYING PHYSICI, one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the besis of examination	ledge, death occurred n end/or investigation,	at the time, date	end place, end due	to the cause(s) end menn time, date end place, end	er es stated. due to the ceu	use(s) end menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	helpe	0		29c. LICENSE NUM	221	D11	NED (Month, Day, Year)
	DANIEL H. SCHREI			PITAL D	RIVE/GLE	N BURNIE,	MARYLA	ND 21061
	31. DATE FILED (Month, Day, Year) 00128 1991	37. REGISTRAR'S SIGN	fandale.					



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The state of the s	7	7.72 hours after defeating the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
-	8	13	2

LECONARD FRANCIS STAMM 1. SET OF CERT MAN CONTROL STAMM 1. SET OF CERT M		FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	EALTH DE A	AND I	MENTAL		_	1 6	29288
AND SECURITY IN MERCENT SECURITY CONTROL		1. QECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH												3. TIME OF DEATH	
216-03-4276 1/2 is 2 38 100												-		7:07 A .	
TO SHORT WITH CONTROL OF COUNTY THE STATE OF THE HOUSE BALTIMORE SECONITY OF SEATIN							MONTHE							8. BIRTHPLACE (State or Foreign Country)	
DOSEPH RITCHIE HOUSE BALTIMORE SALTIMORE				11 01		YRS.	NO			NOV.1	OV.18,1909 MA			ZLAND	
330 BENSON AVENUE 330 BENSON AVENUE 11. MANTH, STATUS 11. WAS DECERDED T STATUS 11. MANTH, STATUS 12. WAS DECERDED T STATUS 13. WAS DECERDED T STATUS 14. MARTHE STATUS 15. WAS DECERDED T STATUS 15. WAS	œ											EATH			
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BENSON AVENUE 3300 BENSON AVENUE 11 MANTAL STRUS 12 MARTICE 12 MARTICE 13 MARTICE 13 MARTICE 14 MARTICE 15 MARTICE 15 MARTICE 16 MARTICE 16 MARTICE 17 MARTICE 17 MARTICE 17 MARTICE 18 MARTICE 18 MARTICE 18 MARTICE 18 MARTICE 18 MARTICE 19		MARYLAND BALTI			TIMORE			BALTIMORE				1			
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Test Section Section	5		12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO			13. WAS DECENDENT OF HISPA II yes, specify Cuban, Mexic			NIC ORIGIN? (Specify Yas or No-		14. RACE — American Indian.				
UND TO THE RESERVANT TO ALL PROPERTY PR				IF YES, GIVE WAR OR DATES		n.									
UND TO THE RESERVANT TO ALL PROPERTY PR	Ħ	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		(Give kind of	work done di	CUPATIO	N si of workin	10	16b. I	(IND OF BU	SINESS/INC	DUSTRY	
UND TO THE RESERVANT TO ALL PROPERTY PR	الا	Elementary/Secondary (0-12) College (1-4 or 5 +)					. Do NOT use retired.)								
UND TO THE RESERVANT TO ALL PROPERTY PR	× ×		iddle Leet)			SUPER									ENT
THE MALING ADDRESS (Street and Numbers of Plant Pacies Name). City or Nam. State. 25 Code) 7000 ALDEN ROAD, BALTIMORE. MD. 21208 20s. METHOD OF OBSPORTION 18 Burdle 3 Constantion Amendment of State Accordance of Plant Pacies Name of				Л							, i				
DELORES THOMAS 7000 ALDEN ROAD, BALTIMORE, MD. 21208 288. METHOD OF DISPOSITION 1, Brustle 2 Generation 3 Removed from State 1 Develor 1 Dev							ADDRESS	(Stenator	I I	LEA	NOR E	LSERO	AD		
DE METHOD OF DISPOSITION Densition Removed from State Densition Removed from State Densition Removed from State Densition Removed from State Densition Densition Removed from State Densition Densi	2														
Name and address of the property of the property Name and address of the property		20a. METHOD OF DISPOSIT	ON		20b. PLAC					BAL.					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. MAIRE AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, interval Between Onset and Death disease or conditions. I make the disease or conditions are conditions. Sequentially list conditions, and the course of injury and the course interval Between Onset and Death disease or injury. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): 24. WAS AN AUTOPEY PROPRISE OF PERFORMED? 1 YES 2 NO 25. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 1 YES 2 NO 26. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 27. WANNER OF DEATH (Check only one) 28. MAINTED STATE OF THE CONSEQUENCE OF): 28. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF THE CONSEQUENCE OF): 29. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 20. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 20. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 20. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 20. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 20. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 20. WAS ARRESTED TO STATE OF THE CONSEQUENCE OF): 21 No No No No No No No No No No No No No		1X) Burial 2 Cremation 3 Removal from State 4 Departure 5 Other (Special) ATE 20c. LOCATION — City or Town, State												WII, Stata	
23. PART II. Cher significent conditions contributing to desth but not recutting in the underlying cause given in Pert I. 24. PART II. Cher significent conditions contributing to desth but not recutting in the underlying cause given in Pert I. 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANURY OF DEATH 18. Noting Tomos 5 Phoding cause given in Pert I. 28. PLACE OF DEATH (Check only one) 28. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 20. Considered to the desth but not recutting in the underlying cause given in Pert I. 26. PLACE OF DEATH (Check only one) 27. MANURY OF DEATH 28. ACIDENT HAUST CAUSE 28. PLACE OF DEATH (Check only one) 28. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. ACIDENT HAUST CAUSE 29. SIGNIFICENCE OND 20. CONTINUED OF PARTS II. 20. ACIDENT HAUST CAUSE 20. ACI		21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY							
NOTION TO THE STATE CAUSE (Pinel diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reaphratory arrest, approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death Inter		Thursday H. M.													
PART II. Other significant conditions contributing to death but not reculting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined Investigation 3 Suicide 6 Could not be detarmined Death Investigation 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 286. CAST OF INJURY AT WORK? 1 YES 2 NO 286. CAST OF INJURY AT WORK? 1 YES 2 NO 286. CAST OF INJURY AT WORK? 287. MANNER OF DEATH 288. CAST OF INJURY AT WORK? 288. PLACE OF INJURY AT WORK? 1 Notice of DEATH (Morifin), Dey, Near) 288. PLACE OF INJURY AT WORK? 1 Notice of DEATH (Morifin), Dey, Near) 288. CAST OF INJURY AT WORK? 288. LECTIFIE ON (Street and Number or Rural Route Number, City or Town, State) 289. SIGNATURE, AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Morifin, Day, Year) 290. DATE SIGNED (Morifin, Day, Year) 290. DATE SIGNED (Morifin, Day, Year) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Morifin, Day, Year) 290. DATE SIGNED (Morifin) 290. LICENSE NUMBER	CERTIFICATION	Interval Between Onset and Desth Interval Between Onset and Desth Interval Between Onset and Desth OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
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29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basts of axamination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and menner as stated, one) 30. Simplified Simplifi	0	EXAMINER? HOSPITAL: OTHER													
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29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated, one) 30. Significant Title OF CERTIFIER 29b. Significant Title OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				INJURY WORK?				ава, резуляте ном нутику оссумер							
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296. SkowyATURE,AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 290. LICENS	OMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.													
D 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ш														
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		Jahn 1	1/1/	alme	MID.	,	1.013012				2	125 Not 91			
	F	30. WAME AND ADDRESS OF	PERSON WH	OVYAVA	E OF OEATH (IT	EM 27) (Type,	Print)	20.	1						
		0000		32. REGISTRAI	R'S SIGNATURE		~//	V/							



TO THE HOSPITAL OR ATTENDING PROCESS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After the continues has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death the continues of the process of the pro

OR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
REGISTRAR	CEDTIFICATE OF DEATH	EG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIENE REG. NO.	\$ for	3203
	1. DECEDENT'S NAME (First, Middle, Lest) William Fr					2. DATE OF DEATH	911	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-07-8840	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 6, 1911	Count	HPLACE (State or Foreign try) RYLAND
TOR	9a. FACILITY NAME (If not Institution, give ST. A	street and number) GNES HOSPITA	L		ALTIMORE		COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNT	BALTIMORE		, town on loca LTIMORE	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 1702 PARK AVENU	E		10	1. ZIP CODE		U.S.A	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced				CENDENT OF HISPA ecity Cuban, Maxic 2 NO Spec	ANIC ORIGIN? (Specify Yea or N zan, Puarto Rican, atc.) ify:	e- 14. RACI Blac Spec	E — American Indian, k, White, atc. WHITE
COMPLETED	ts. DECEDENT'S EDI (Specify only highesi gradi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of w life. Do NOT use POLICE!	rork done during mo e retired.)	ON ast of working	166. KIND OF BUSINES		
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden Surne		
BE	WILLIAM T. STIN	ICHCOMB				GEMPP		
5	WILLIAM C. STING		170	2 Park A	venue,	Route Number, City or Town, Sta Baltimore, Md	. 2122	
	1 XBurial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	ob. PLACE AND DATE O emetery, cremetory or ot NEW CATHEI	F DISPOSITION (Ne DERAL CE	METERY	1 . 1	ON — City of To	
	21. SIGNATURE OF PUNERAL SERVICES	CENSES				RAL HOME INC. AVENUE, BALT		MD. 21229
PART I. Epice the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (or as a conscouence of): Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST LEVEL DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): d.								Approximate interval Between Onaet and Death
PHYSICIAN: MEDICAL CI	PART II. Other eignificant condition	ns contributing to deeth	but not resulting li	the underlying	g cause given ir	Pert I. 24e. WAS AN AUTO PERFORMED 1 YES 2 N		. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C			
ву РНУ	1 YES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nuraing Home 5 Raaldenca 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Dsy. Year) 28b. TIME OF INJURY WORK? 28d. DEŞCRIBE HOW INJURY OCCURED Notural 5 Pending 28d. DATE OF INJURY WORK? 1 YES 2 NO NO NOTURE NO							
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Sp	tY — At home, farm, st ec/ly)	reel, factory, office		281. LOCATION (Street and No City or Town, State)	umber or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my kno	wiedge, death occurred on and/or investigation	d et the time, deta	and place, and du	a to the cause(a) and manner a time, data and place, and due	a stated. Io lhe cause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	11/1/10	1 440		29c. LICENSE NU	MBER 29d	DATE SIGNED	(Month, Day, Year)
		W - 5800 EDI			BALTIMO	RE, MARYLAND	1	17
	31. DATE FILED (Month, Day, Year) . DCV 28 1991	Michigan B					,	

TO THE HOSPITAL OR A CENTINAL PROPERTY. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Г	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Le.	st)		DEPAR	RTMEN ICATI	OF I	DEA	AND I		REG. NO			290
	JOSEPH A. SHA	LIKA, SR.							MON	10	AY 7	YEAR 9	1245
	4. SOCIAL SECURITY NUMBER 216-10-4077	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	ER 24 HRS.	(Mon	OF BIRTH	<u> </u>	- (ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give		1 //	ins.	01. 0477	-			JAN.	.14, 1	_		IMORE
Œ					90. CITY			TION OF DE	EATH		9c. COL	JNTY OF DEA	ГН
1 5	RESIDENCE OF DECEDENT					DP	LIL	MORE					
DIRECTOR	MARYLAND 10b. COU	NTY		10c. CIT	y, town o	LTIM						1.8	d. INSIDE CITY LIMITS?
AL AL	10e. STREET AND NUMBER						ZIP COL	DE			10a, CIT		YES 2 NO
1 8	1106 HAVERHILL	ROAD					212	229			1	U.S.	
BY FUNERAL		FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify I'll yes, specify Cuben, Mexican, Puerto Ricen, atc.) 1 YES NO Specify:					e or No-		American Indian, thite, etc.
		1											VHITE
1 11	(Specify only highest gra	ide completed)	(G	CEDENT'S ive kind of a Do NOT us	work done	CCUPATIO	ON st of work	ing	16	b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondery (0-12) 12TH GRADE	College (1-4 or 5	+)	REMA	and here is					BETHEI	НАМ	STEEL.	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	ME (First,	Middle, Maiden		DILLL	
BE	JOHN SHALIKA	(SZALAJK	0)				C_A	THER	INE	CHONE	VSKI		
2	19e. INFORMANT'S NAME (Type/Print)		190							ber, City or Tow			
	CATHERINE P. S.	HALIKA		1	106 1	AVE	RHIL	L RO	AD, E	ALTIMO	DRE,	MD. 21	229
	20a, METHOD OF DISPOSITION 1 (X Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE A cemetery, cred LOUDON	MD DATE	of Dispos ther place)	NETE	me of		10/		LTIM	City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE WAY	Miles		22. HI	JBBA	D ADDRE		AL H	OME IN	IC.		
7	23. PART i. Enter the diseases, o ahock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
MEDICAL	PART II. Other algnificant condition	ona contributing to		esulting i	n the un	darfylng	Cause	given in i	Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?	CD OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only or	10)			
₹	1 TYES 2 NO 27. MANNER OF DEATH	1 Department 2			4 🗆 Nurs	Ing Home		esidence (5 🗆 Othe	r (Specify)			
BY P	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	ey, Year)	28b, TIMI		28c. INJL WOI 1 - Y			28d. DES	CRIBE HOW I	NJURY OCC	CURED	
ED	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At honetc. (Specify)	ne, ferm, s	treet, fecto	ery, office			28f. LOC City	ATION (Street e or Town, State)	and Number	or Rural Route	Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHY One) 2 MEDICAL EXAMIN	SICIAN: To the best of	my knowledge, dea remination end/or in	th occurre	d at the Ile	me, date	and place	end due l	o the cau	ree(s) end man	nner es atat	ed. e ceuse(s) an	d manner es stated.
ш	296. SIGNATURE AND TITCE OF CERTIFI							ENSE NUMI				E SIGNED (Mo	
TO B	Magadina 30 NAME AND ADDRESS OF PERSON	HO COMPLETED A	M · 1)							>	10/2	7/9/
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)							1	1

31. DATE FILED (Month, Dey, Year)
00128 1991

YEAR

97

3. TIME OF DEATH

DHMH-16 Rev 1/89

REG NO

2. DATE OF DEATH MONTH

10

FOR STATE REGISTRAR

4. SOCIAL BECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

James H. Smith

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) DAYS 2219-28-7732 59 9 Md 9e. FACILITY NAME (If not institution, give 95. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 835 Mt. Holly St. DIRECTOR Baltimore, City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. 1 X YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 835 Mt. Holly St. 21229 U.S. funeral director, page 5 should be detached for use as the burial-transit 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—H wea specify Cuben, Mexican, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. Specify: Black 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Ri 1 Never Married 2 Merried
3 Widowed 4 Divorced В ED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest COMPLET Elementary/Secondary (0-12) College (1-4 or 6+) 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) James Smith Frances Quarles notified at 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Deborah Trusty 3211 Westmont Ave. 21216 must be 28d: METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Loudon Park Cemetery Balto. Md. 22. NAME AND ADDRESS OF FACILITY
Wainwright Funeral Home medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE via 2700 Edmondson Ave. Balto. Md. completely filled in by the rial, cremation, or removal, 23. PART T. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. interval Between signed by the attending physician and completely filled in Health and Mental Hyglene prior to burial, cremation, or **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition MRCINOMA OLONIC DUE TO (OR AS A CONSEQUENCE OF) resulting in death) or other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 YES 2 NO OF DEATH? 1 TYES 2 NO has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item certificate h EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 6 - Other (Specify) 6 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED DIRECTOR: After this of hours after death with marked. 1 Natural
2 Accident 5 Pending 1 TYES 2 NO BY 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 80 4 Nomickie tem 1 CERTIFYING PHYSICIAN: To the biet of my nowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. EMERAL C 2 MEDICAL EXAMINE investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 29d. DATE SIGNEO (Month) BE 128 941 MI 2 RIKEITH 212 AN MINTOMORE 31. DATE FILEO (Month, Day, Savidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)





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				-	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after dig TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex	TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dent, of Health and Memal Horiene prior to build command on amount	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENOING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with IMPORTANT: If Item 28 is marked	SICIAN: The law requires th	certificate has been signed the State Dept. of Health	I, or Item 23 shows an
	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is market

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last	FRANCES LEWI			2. DATE OF DEATH	22 1991 T	3. TIME OF DEATH A		
	4. SOCIAL SECURITY NUMBER 258-40-2870	1 □ M 2 🔀 F	63 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.		8. BIRT	HPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give NATIONAL NAVAL RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF BETHESDA		9c. COUNTY OF			
DIRECTOR	10a. STATE 10b. COUN	AIRFAX	10c. CITY,	TOWN OR LOCATION			10d, INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 2603 PENNY ROY			RESTON 101. ZIP CODE			1 YES 2 NO WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 VNO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1 — YES 2 X NO Spe	PANIC ORIGIN? (Specify Yelican, Puerto Rican, etc.)	or No- 14, RAC	STATES CE — American Indian, ock, White, atc. City: WHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+) 5+	life. Do NOT use	rk done during most of working	Medica	SINESS/INDUSTRY	WILLE		
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme) JOHN MILLER LEWIS FANNIE MAE KILPATRICK									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FORD J.E. SCHULTZ, 2603 PENNY ROYAL LANE, RESTON, VA 22091									
20s. METHOD OF DISPOSITION 1 Solution 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Neme of cemetery, cremation) or other place) Arlington Natl Cemetery 10/29/91 Arlington							own, State		
	21. SIGNATURE OF FUNERAL BERVICE I	indown	>	Money & King	g Vienna Fu	neral Ho	me, Inc.		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reap abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):						ratory arreat,	Approximate interval Between Onaet and Death		
PHYSICIAN: MEDICAL CERT	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1X YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO								
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☒ NO	HOSPITAL:		28. PLACE OF DEATH (C					
ву рну	27. MANNER OF DEATH 12 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, streef, factory, office building, stc. (Specify)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my know	viedge, death occurred on and/or investigation,	at the time, data and place, and du	us fo the cause(s) and man	oner as stated.	e) and manner ea stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R		296. LICENSE NU 53753	UMBER (NJ)	29d. DATE SIGNED 23 00	(Month, Day, Year) CT 1991		
	30. HAME AND ACCORDED OF PERSON WES	INC. USNR		NATIONAL N BETHESDA,	AVAL MEDICA MD 20889-50	AL CENTER 000	₹		
	199 % S 190	32. AEGISTRAM'S SIGN	on-Pandelle						

garren da

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	onell passarie Dance 4 2 2 about	and permit, rayes 1, 2, 3 should	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be desirated for use as the businest assemble as the business assemble assemb		se notified at once.
within 24 hours after death. Page 6 may	npletely filled in by the funeral director, pa	cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
es that the death certificate be executed	gned by the attending physician and corr	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	s any injury, or other traumatic ex
NDING	ECTOR: After this certificate has been sign	after death	n 28 is marked, or item 23 shows
THE HOSPITAL DR ATTE	THE FUNERAL DIR	and within 72 hours	OFTANT: If iten

							0.1	00000		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTA	MENT OF I	HEALTH AND	MENTAL HYGIE	NE	29293		
	1. DECEDENT'S NAME (First, Middle, Last)	0.1.1				2. DATE OF DEATH		YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	Smith 5. SEX / 6. AGE (In yrs. It	net hirthday) IE	UNDER 1 YEAR	IF UNDER 24 HRS.	October	18, 19	91 %5:48A M		
	1104	18M2 0 F 5/		HTHE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)		B. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give stre		98	a. CITY, TOWN	OR LOCATION OF	3/29/19 DEATH	9c. COUNT	TY OF DEATH		
DIRECTOR	Maryland Genera	l Hospital		Balt	altimore City					
3EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	A LOCATION 10d. INSIDE CITY					
								1 D TES 2 NO		
100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN O								EN OF WHAT COUNTRY?		
NE	11. MARITAL STATUS	eus Dr.			21215			USA		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	NO	If yes, sp	ecify Cuban, Mexic	ANIC ORIGIN? (Specify) can, Puarto Rican, etc.)	fee or No- 1	4. RACE — American Indian, Black, White, atc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 Spec	olfy:		Specify: Bloom		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		ECEDENT'S USL	VAL OCCUPATIO	ON ost of working	16b, KIND OF B	USINESS/INDU	STRY		
, E	(Spectry only highest grade completed) [Ghe kind of work done during most of working life, Do NOT use refired.) [Ghe kind of working life, Do NOT use refired.)									
JM F	17. FATHER'S NAME (First, Middle, Last)									
) BE										
5	Linda Robinson & Nain Remark C+ Reishards MA 2118 (
20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Completely, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATIO							ty or Town, Steta			
							1. MD.			
							7			
	Werrich	(fours	4	4611	Parkitte	ichtetha	Bulto	Md. 21215		
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lin	mplications that caused tha dat only one couse on each line	eeth. Do not e	enter tha mo	de of dying, su	ch as cerdiac or ree	piratory arrec	nt, Approximate		
	IMMEDIATE CAUSE (Final disease or condition	V costo sir coci ili	0.					Interval Between Onset and Death		
	reaulting in deeth) e.	Pulmonary En		m_						
_	_	DUE TO (OR AS A CONSE	QUENCE OF):							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):							
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury							ı İ		
TIE	thet initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):							
CER	d.									
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S	PAH II. Other algnificent conditions contributing to death but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending 28b. TIME OF INJURY WORK? 1 Natural 5 Pending 28c. PLACE OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY OCCURED 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY OCCURED 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY OCCURED 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY OCCURED 28c. PLACE OF INJURY OF INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY OF INJURY OCCURED 28c. PLACE OF INJURY AT NORTH OF INJURY OF INJ									
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BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)		
B 0	1	~ TSE					D /0	1.010.		
See (1)	20 NAME AND ADDRESS OF DESCRIPTION						1 1	/ - / / /		

c/o Maryland General Hospital

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31. DATE FILED (Month, Day, Year)
OCT 28 1991

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BALTIMORE, MARYLANI	TO THE MONEY TEMBRIA PRESIDENT The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE PARTIES After the certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached be filed within a hours after beath with the State Debt, of Health and Mental Hydiere prior to burial, centarion, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumailc event, the medical examiner must be notified at once.
	ithin 24 hours after	letely filled in by the emation, or removal	nt, the medical
ISION OF VITAL RECORDS, P.O. BOX 68760,	certificate be executed wi	TO THE RANGE MICHOR After the perfitcate has been signed by the attending physician and completely filled in by the fi be filed within a from after beath with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal	or other traumailc even
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N OF VITAL	A PHYSICIAN: The I	er his certificate has	narked, or item 2
01810	S. B. STENDON	nin 72 hours, after dea	NT: If item 28 is n
	TO THE M	TO THE ALL be filed with	IMPORTAL

	FOR STATE REGISTRAR	STATE OF I	MARYLAND / D CEF	EPART	MENT CATE	OF HI	EALTH	AND N	MENTAL HYGIEN REG. NO.		1	29294
	1. DECEDENT'S NAME (First, Middle, Last) FRANK E.	llis			CHNEI				2. DATE OF DEATH		9EAR	3. TIME OF DEATH 12:25 AM
	4. SOCIAL SECURITY NUMBER 215-01-6604	5. SEX 1 📉 M 2 🗌 F	8. AGE (In yrs. last bi	irthday)	F UNDER t		IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/23/19		8. BIRTI	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stre- NORTH ARUNDEL HOS	and the same of	SSOCIATIO				BURI	ON OF DEA			NTY OF D	-d.
L DIRECTOR	Maryland Ba	lto.Cc	10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	3602 т	ulip A	VE .				ZIP CODI	2122			USA	WHAT COUNTRY?
В	1 Never Married 2 Married 3 1 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO		II y	es, spec	Ify Cuba	n, Mexican, Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-		- American Indian, k, Whita, etc. WWW.lite
COMPLETED		TION mpleted) College (1-4 or 5 +		DENT'S US kind of work NOT use n	k done dun	JPATION ing most	of working	ng .	16b. KIND OF BUS			
OMI	9th.Grade -						18. MOTH	ER'S NAM	B . & (ıır	oad
TO BE C	Jaco		19b. M	nei				Kath	nerine -		A Code)	lbach
F	Mr.Charles E.S	chneid							lto.Md.			
20a. METHOD OF DISPOSITION 13. Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Consequence, greenatory or other place) WOOCLAWN Cemetery 10/25 Balto.Co.Mo												
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Huch	Bur	,				uner	Balto.			30 Fort Awe.
CERTIFICATION	23. PART I. Enter the disease, or conschook, or heert failure. List immediate CAUSE (Fine) disease or condition resulting in deeth) Sequentiely liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	OUE TO	OR AS A CONSEQUE	NCE OF):	enter the	la	ter tie	and such	as cardiac or respir	netory arr	est,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other algolificent conditions of Control of Conditions of Condi	contributing to	death but not result to the feet of the fe	illing in t	ha under	riying	ll	iven in Pr	PERFORM	NUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICI		OSPITAL:	ER/Outpatient 3 🗇 (THER		-	ATH (Check	Sec. Market State		-/	
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF (Month, No		Ib. TIME O	28	Mome WORK	Y AT	. 2	Other (Specify)	JURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building,	INJURY At home, etc. (Specify)	farm, stree		Name of the last			PBF. LOCATION (Street or City or Town, State)	nd Number	or Russi II	icula Mumbec
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of a	my knowledga, death of amination and/or inves	occurred a	t tha time,	on, dear	h occure	d at the tin		dua to the	cause(n)	
TO BE		OWN TED CAUS	E OF DEATH (IVEM 27)	(Type, Prin	u/s	10	1	SE NUMBI	648	10	120	(Month, Pay, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE		N HI	GHW	AY,	SW,	#204/GLEN	RURI	VIE,	MD. 21061
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32. REGISTRAR'S SIGNATURE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
le death certificate be executed	the attending physician and com Mental Hydiene prior to burial.	jury, or other traumatic ev
ICIAN: The law requires that t	ertificate has been signed by the State Dept, of Health and	or Item 23 shows any I
THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this c filed within 72 hours after death with	PORTANT: If item 28 Is marked,

29295 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 10 2 3. TIME OF DEATH **JOHNNIE** 1991 TABB 24 6:35P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 2 10 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 1 X M 2 - F DAYS HOURS 214-78-4516 YRS MD 63 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 413 E. 20TH STREET 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married if yea, specify Cuban, Maxican, Puerto Ri 1 YES 2 X NO Specify: В 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com College (1-4 or 5+) Elementary/Secondary (0-12) UNEMPLOYED 11th17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname)
ROBERTA BOND ROBERT TABB 品 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 2229 ORLEANS ST./BALTIMORE, MD 21231 LORRAINE MASON 20a. METNOD OF DISPOSITION
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7 Dona 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Ramoval from State
Donation 5 Other (Specify) MT. ZION CEM. LANSDOWNE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each ilna. IMMEDIATE CAUSE (Final Onset and Dasth disasse or condition resulting in desth) LMOS ino deficiency Acquired CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Toxoplasmos IMO CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO syptococca BIC COMPLETION OF CAUSE 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO me 5 🗆 Rasidenca 8 🗆 Other (Specily) 4 - Nursing No 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO ВY Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 5 28 10/23 2 30. NAME AND ADDRESS OF PERSON, WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNS HOPKINS HOSPITAL

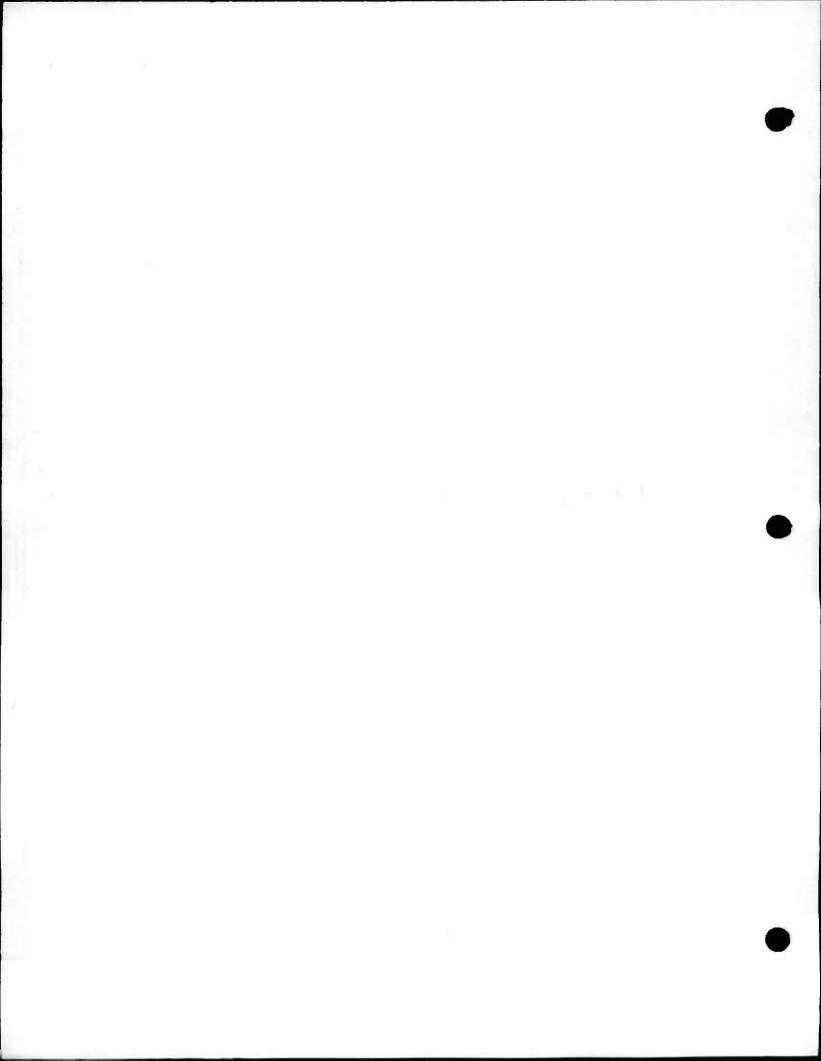
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pr. REGISTRAR'S SIGNATURE

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31. DATE FILED (Month, Day, OCT 28



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									1 9 9 1	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-10-0412	5. SEX 1 M 2 XF	6. AGE (In yrs. les	-	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign (rv) RYLAND	
OR	9a. FACILITY NAME (If not institution, give s G.B.M.C., 6701 RESIDENCE OF DECEDENT		ES STRI		9b. CITY, TOWN C	SON		9c.	COUNTY OF I	DEATH	
DIRECTOR	10a. STATE 10b. COUNT MARYLAND			10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 3806 BARRINGTO	N ROAD		<u> </u>		21215			CITIZEN OF	1 YES 2 NO	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2X N	MED ID	It yea, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	in, Puerto Rica	specify Yes or No	- 14. RAC Blac	E — American Indian, k, White, etc.	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 1 year	(Gi	ve kind of wo Do NOT use	ISUAL OCCUPATION done during more retired.)	st of working	16b. Ktt	KIND OF BUSINESS/INDUSTRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last) 17. The Hayman		MES HAY			18. MOTHER'S NA				CCA POLK	
TO B	19a. INFORMANT'S NAME (Type/Print) Cornelius Thom 20a. METHOD OF OISPOSITION 1 M. Burlle 2 Cornellon 1 D. Barry		BB 20b. PLACEA	06 B	arring	ton Rd	Route Number, 6	City or Town, Stell	a, Zip Code)	2] 5	
i											
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ASP I DUE TO (c. DUE TO (d.	OR AS A CONSEC	UENCE OF): UENCE OF):	EUMONIA ACIDO			TIVE S	SEPSI	S ,	
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER:	ACE OF DEATH (Ch		and the l			
ву рну	27. MANNER-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, De	NJURY Vegr)	26b. TIME INJUI	OF 28c. INJ RY WO 1 1	URY AT RK? /ES 2 NO	6 Other (Specify) 28d. OEŞCRIBE HOW INJURY OCCURED				
ETED	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, Street and Number or Rura City or Town, Street								Route Number,		
COMPL	2 MEDICAL EXAMINE	4								i) and manner as stated	
TO BE	30. NAME AND ADDRESS OF PERSON WH	ely,	E OF OEATH (ITEM) 1 27) (Type, P	rint)	Das	DO S	29d.	DATE SIGNED	(Month, Day, Year)	
-	31. DATE FILED (Month, Day, Year) OCT 28 1991	32. REGISTRAR	's SIGNATURE	•				-			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

permit Pages 1, 2, 3 should

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

1 - STATE REGISTE
1. DECEDENT'S
GLENWO
4. SOCIAL SEC 212 18
9a. FACILITY N
RESIDENC
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100. STREET A
11. MARITAL S' 1 Never Ma

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICALE	OF DEATH	REG. NO	D.	3. TIME OF OEATH		
GLENWOOD TALBOTT					OCTOBER 2		6:45 A		
4. SOCIAL SECURITY NUMBER 212 18 1147	5. SEX 6. A	GE (in yrs. lest birthday) 70 vrs.		YEAR IF UNDER 24 HF	7. DATE OF BIRTH	24, 1924	THPLACE (Street or Foreign RTGLEY , V.		
9a. FACILITY NAME (If not institution, give str SACRED HEART HOS				OWN OR LOCATION O	F DEATH	9c. COUNTY OF			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY PENNA BEDI 10e. STREET AND NUMBER	FORD		ту, тоwн оя)# 6 В(EDFORD, PA,	15522 199, CITIZEN OF	10d. INSIDE CITY LIMITS? 1 Section 10d. INSIDE CITY LIMITS? 1 Section 10d. INSIDE CITY LIMITS?		
RD# 6 BOX 278				15522		USA	WHAI COUNTRY?		
11. MARITAL STATUS 1 Nover Married 2 Married Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 V IF YES, GIVE WAR O	ES 2 NO	If y		SPANIC ORIGIN? (Specify Yoxican, Puarto Rican, atc.)	Bio	CE — American Indian, ack, White, atc. ecity: WHITE		
15, DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18e. DECEDENT" (Give kind of life. Do NOT	work done dun	UPATION ing most of working	16b. KIND OF BI	USINESS/INDUSTRY			
Elementary/Secondary (0-12)	MECHAN			TRUCK	ING				
17. FATHER'S NAME (First, Middle, Leet) HOWARD A TALBOT	Г				NAME (First, Middle, Maide EDIA NELSON	n Surname)			
19a. INFORMANT'S NAME (Type/Print) HOWARD R. TALBOT	Г				ural Route Number, City or To DFORD, PA,				
20a, METHOO OF DISPOSITION 1 (X Burfal 2 Cremetton 3 Removal from State of Cermetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cermetton 2 Cermetton 3 Removal from State of Cermetton 3 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cermetton 2 Cermetton 3 Removal from State of Cermetton 3 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cermetton 3 Removal from State of Cermetton 3 Removal from State of Cermetton 3 Removal from State of Cermetton 3 Removal from State of Cermetton 3 Removal from State of Cermetton 3 Removal from State of Cermetton 3 Removal from State of Cermetton 5 Removal from Sta									
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25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check only one)				
EXAMINER? 1 VES 2 NO	HOSPITAL:		_		nce 6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Ye		IME OF 2 NJURY M	6c. INJURY AT WORK? 1 YES 2 NO		28d. DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be 4 Homicide determined	IURY — At home, ferm (Specify)	i, street, factor	y, office	261. LOCATION (Street and Number or Pural Route Number, City or Town, State)					
(order only					due to the cause(e) and m		e(a) and menner as stated		
29b. SIGNATURE AND TITLE OF GERTIFIES	eu	>		290, LICENSE	846	29d. DATE SIGN	IED (Month, Day, Year)		
DR. ROBERT ORLING				CUMBERLA	ND, MD 2150	2			
31. DATE FILED (Month, Dey, Year)	. 32. REGISTRAR'S	SIGNATURE	70	7.00					

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

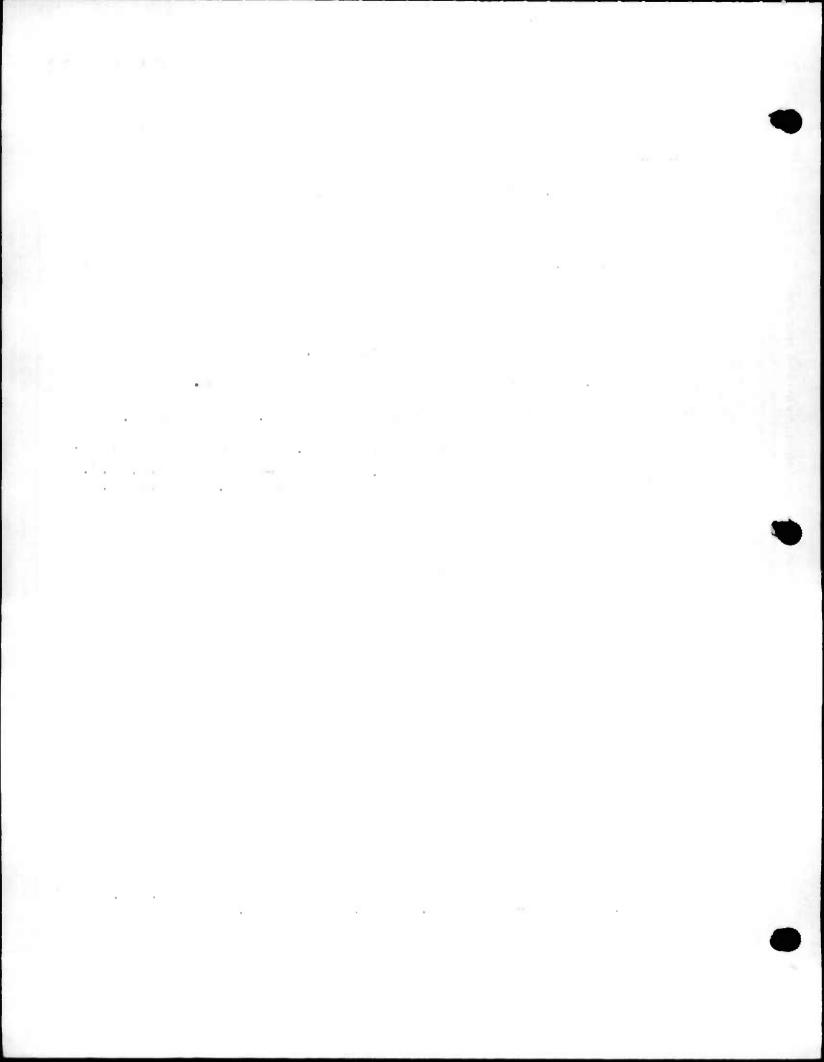
REGISTRAR		CE	RTIFICA	ATE OF	DEATH	REC	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					1	2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
Eleanor France	ces	True				1 ()	26	1991	4:00 A
I, SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthdey) IF (JNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIR	тн	6. BIRT	HPLACE (State or Foreign
19-26-6708	1 🗆 M 2 🔯 F	52	YRS. MON	THS DAYS	HOURS MIN.	(Month, Day,	7 1930	Cour	Marvland
a. FACILITY NAME (If not institution, give	street and number)	1		CITY, TOWN	OR LOCATION OF D	LY /		OUNTY OF	
Philedelphia	20 802	5		Rose	olob			742	
ESIDENCE OF DECEDENT	14. 09Z			Ruse	rare		Ba	3161	more
aryland Bal	fimore	70	10c. CITY, TO	seda.					10d. INSIDE CITY LIMITS? 1 YES 2 NO
De. STREET AND NUMBER				1	Of. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
hiledelphia Ro	1. 8026				21237		IIn	+ 04	States
. MARITAL STATUS	12 WAS DECEDE	NT EVER IN U.S. ARI	MED		CENDENT OF HISPA	NIC ORIGIN? (Spe			CE — American Indian, ck, White, etc.
☐ Never Married 2 🔀 Married ☐ Widowed 4 ☐ Divorced	FORCES?	YES 2 N	0		pecify Cuban, Mexic S 2 NO Speci		etc.)		white, etc. White
15. DECEDENT'S EDI	JCATION	16e. DE	CEDENT'S USU	AL OCCUPAT	TON	16b. KIND	OF BUSINESS/	INDUSTRY	
(Specify only highest grad	College (1-4 or 5	+) (GI	ve kind af work Do NOT use ret	done during n ired.)	nost of working				
	2		ical	Tab T	ech.	Hosi	pital		
FATHER'S NAME (First, Middle, Last)		* 4				AME (First, Middle,		9)	
Joseph F.	Plewoo	rki				esa	C.		7.0
e. INFORMANT'S NAME (Type/Print)	1 101100		MAILING AD	DRESS /Steres	and Number or Rural		-	Fry:	ud
James Edward	Mano					D 3.4			1 01075
	True				elphia I				
Da. METHOD OF DISPOSITION Burlel 2 Cremation 3 Ref		other pla	ICO)		emetery, cremetory or		20c. LOCATION		
□ Donation 5 □ Other (Specify) ፲ Y		it Dula	ney V		Mem. (ड मुद्रा	non 1	um, Md.
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE) . ()		22. NAME	and address of F	ACIUTY	nacki	D. A	. F.H.
· Marl 1	16 6	mark							Md . 21224
disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Stage	D (OR AS A CONSECUTION OF CONSECUTIO	WALLAI DUENCE OF):		X 3 de	/	years		
PART II. Other significant condition	ons contributing to	o death but not r	esulting in t	he underly	ing Cause given i		WAS AN AUTOP PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDIND AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
				201					
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1~	26. THER:	PLACE OF DEATH (C	theck only one)			
1 TES 2 NO		☐ ER/Outpatient 3			ome 5 Residence	6 Other (Spe	clfy)		
7. MANNER OF DEATH	26a. DATE C		28b. TIME O	F 28c. I	NJURY AT	25d. DESCRIB	E HOW INJURY	OCCURED	
1 Natural 5 Pending		Day, Year)	INJURY		WORK? YES 2 NO				
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE	OF INJURY — At ho g, etc. (Specify)	me, farm, stree	et, factory, of	fice	281, LOCATION City or Tow	(Street and Nur m, State)	nber or Run	el Route Number,
CONBOR OTHY	SICIAN: To the best of				dustrian	Comment of the Comment			e(a) and manner as stated.
		J		му ориноп					
Mulice M. Boun	ett-lest	t mo			29c LICENSE NI	JMBER 7-/	29d.	DATE SIGN	ED (Month, Day, Year)
O. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type, Pri	nt)			Dall	- 0'	vá 21 20 1
eniece M. Barr	nett - s	Scott M	D. 21	8 N.	Charles	s st. s	Sn t te Raii	30	Md. 21201

Julia Savidson-Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & burs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0	= ×
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	TO THE HOSTIFIL CONTROL OF THE COURSE PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FLINERAL AND THE LINE CONTINUES CONTINUED BY THE ATTENDING PHYSICIAN AND COMPLETELY FOR MENTAL HYGIENE PROF. OF HEARTH AND MENTAL HYGIENE PROF. TO BURITAL CREMATION
	H	# X

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest))	E OF	DEATH	REG. NO		3. TIME OF DEATH							
		C		THOM.	AS		10	TH 2	0	YEAR	5:20 PM			
	4. SOCIAL SECURITY NUMBER 212-58-6610	1 X M 2 🗆 F	AGE (In yrs. lest 40	YRS. F UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH th, Day, Year) 15/19		6. BIRTHP Country)				
ECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
E	10a. STATE 10b. COUNT	Arundel		10c, CITY, TOWN		adena				- 1	10d. INSIDE CITY LIMITS?			
VERAL	10e. STREET AND NUMBER 210 Beach Road 10f. ZIP CODE 21122 United									EN OF WH	IAT COUNTRY?			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	ED 13	13. WAS DECENDENT OF HISPANIC ORIGING If yes, specify Cuban, Maxican, Puerting 1 TYES 2 NO Specify:			Puerto Rican, etc.) Black, White, etc.			White, atc.			
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2	UCATION le completed) Collège (1-4 or 5+) 2.	(Give	EDENT'S USUAL of kind of work done to NOT use retired.	during mo	ON ast of working	16		usiness/inou		ing			
E COM	17. FATHER'S NAME (First, Middle, Last) Henry			Thomas	5	18. MOTHER'S N	AME (First,				Roberg			
TO B	198. INFORMANT'S NAME (Type/Print) Mr. Henry J. Thomas 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 210 Beach Road Pasadena, Maryland 21122													
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ran 4 Donation 5 Other (Specify)		20b. PLACE AN Cemetery, Cremi METIO	OT ema	tory	, Inc.		TE 20c. L	ocation – c	lt in	n, State Nore, Md			
	22. NAME AND ADDRESS OF FACILITY MC Cully Funeral Home of Pa 3204 Mountain Rd. Pasadena,									na N				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ahock, or heart failure. List only one cause on each line.										Approximate Interval Betwee Onset and De			
	disease or condition resulting in death) a. Corway Artery Differe items items in the distance of the distance													
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
ERTIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
DICAL C	PART II. Other significant condition	na contributing to des	sth but not res	sulting in the u	nderlying	g cause given in	Part I.	24a, WAS AF PERFO	N AUTOPSY RMED?	, A	VERE AUTOPSY FINDING			
ME			-				_	1 TES	² NO	0	OMPLETION OF CAUSE F DEATH?			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatlant 3 🗆	DOA 4 Nu	R:	ACE OF DEATH (CI								
	27. MANNER OF DEATH 1. Natural 5 Pending		Imparient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Reelde					a a Uniter (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
ву рну	2 Accident Investigation 3 Suicida 8 Could not be detarmined 4 Homicide detarmined 28s. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, streat, factory, offica City or Town, State)													
D BY P	3 Suicida 8 Could not be	building, atc.	ТОРОСПУУ		29a. CERTIFIER (Check Arily 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
ВУ Р	3 Sulcida 4 Homicide B Could not be determined 29a. CERTIFIER (Check April) 1 CERTIFVING PHYS	ICIAN: To the best of my	knowledge, death	n occurred at the	time, data	and place, and due	to the ca	use(s) and ma	nner as atmed	l. cause(a) a	nd manner as stated.			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

DR.PAUL YOUNG-HYMAN, M.D./325 HOSPITAL DRIVE/GLEN BURNIE, M.D.

OHMH-16 Rev 1/89

21061

31. DATE FILED (Month)

Day, Year) 1991

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the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

IN PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL PO THE FUNE HE BE filed within 72 IMPORTANT. II ITE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF D									3. TIME OF DEATH					
	HELEN	7	CUSZY	NSK	I			MONTH 1 O	22	**	YEAR	9:22 A. M		
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	ast birthday)		R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	7. DATE OF BIRTH		a. BIRTHPLACE (State or Foreign	
	213-01-1577		1 🗌 M 2 📉 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 09/18/1909			Mo wa	_
	9a. FACILITY NAME (If not ins	stitution, give s	reet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DI		7130		NTY OF O	land
DIRECTOR			AVENUE	C		BAL	TIM	ORE						
2	RESIDENCE OF DEC	EDENT 10b. COUNTY			T 40									
Ĕ	Maryland	IUB. COUNTY				7, TOWN		rion City						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				100	TOTIL								1 X YES 2 NO
A	701 South Highland Avenue 100. ZIP CODE 109. CITIZEN OF V													
Z														
								— American Indian, White, atc.						
B	3 Wildowed 4XX Divon	ced	IF TES, GIVE T	MAR OR DATES			1 YES	2 X NO	Specify	у:			Specif	White
COMPLETED	15. DECE (Specify only	DENT'S EDUC	CATION Completed)	18a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUS	INESS/IND	DUSTRY	
91	Elementary/Secondary (0-		College (1-4 or 5		Give kind of a le. Do NOT us	se retired.)	aunng mo	IST OF WORK	ng					
MP	5													
8	17. FATHER'S NAME (First, Mic									ME (First, Middl		Sumame)		
B	Joseph Adam	-								adomsk	_			
2	19a. INFORMANT'S NAME (Ty)			1	9b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Floute Number, C	Ity or Town	, State, Zip	Code)	
	Stanley Adar				701 S	. Hi	ghla	nd A	venu	e Bal	timo:	re M	212	24
	20a METHOD OF DISPOSITION 1 M Burial 2 Cremetton	ON n 3 □ Remo	val from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DATE	10-		City or Tov	
	4 Donation 5 Other (Specify)		St. S	tanis						Ba1	timo	re, M	D
				1 1.	1	22. T		& Z		r, Inc	Fin	nerai	Hom	95
	23. PART I. Enter the dis		R. Q. S.				00 5	Co	nkli:	na St	Ra	1+0	MD 2	1224
CERTIFICATION	ehpek, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST													
	PART II. Other algnifican	t conditions	contributing to	deeth but not	resulting i	n the un	derlying	Called	alven in	Post I Day				
N: MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES XXNO 24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ck only one)				
2	1 X YES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER	रि: sing Hom	5X Re	aldence	8 Other (Spi	ecify)			
표	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIMI	E OF URY	28c. INJ			28d. DESCRIE	E HOW IN	JURY OCC	CURED	
M 1 YES 2 NO														
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							ute Number,						
2	29a. CERTIFIER 1 CERTIF	FYING PHYSIC	IAN: To the best of	my knowledge, de	eath occurre	d at the H	lme, data	and place.	and dua	to the cause(s)	and man	and the state	ad .	
S S	one) 2 X MEDIC	AL EXAMINER	On the beats of a	amination and/or	Investigation	n, In my o	pinion, de	enth occur	ed at the t	time, data and	placa, and	due to th	a cause(a)	and manner as stated.
- 11	206 SIGNATURE AND TITLE O		00 (h 1					NSE NUM		T			Month, Day, Year)
20 86	Ilm -	T. Y	elle	41 0				O.C.	М. Б					-1991
- 1	30. NAME AND ADDRESS OF F	ERSON WHO	COMPLETED CAME	OF DEATH STE	M 27) (Type,	Print)		3.0	- 11 0 L			10	7-24	1771
lll-			JR. MD [√]		111 E	ENN	ST	REE	г ва	LTIMO	RE	MARY	ZI, A N	D 21201
	OCT 28 19	91 9	32. REGISTRA	r's signature										- 1 - V - I

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TO THE HOSPITAL OFFICE AND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OFFICE A that has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It limples a nonce.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO	9	2930
CENTIFICATE OF DEATH REG NO		

_	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTII	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE 9 1	29301					
	1. DECEOENT'S NAME (First, Middle, Leist) MARTHA L		WILLIAMS	2. DATE OF DEATH DAY 14	3. TIME OF OEATH 5:06 PM M					
	4. SOCIAL SECURITY NUMBER 214-14-0403	5. SEX 1 M 2 F 8. AGE (In yrs. lest birthday 1 YRS.			B. BIRTHPLACE (State or Foreign Country)					
TOR	9a. FACILITY NAME (If not institution, give street NORTH ARUNDEL HO RESIDENCE OF DECEMENT	SPITAL ASSOCIATION	SL CITY, TOWN OR LOCATION OF C	57.57110	A.A. COUNTY					
L DIRECTOR	10a. STATE 10b. COUNTY	Co. 10c. Ci	TY TOWN OR LOCATION	ue	10d. INSIDE CITY LIMITS?					
FUNERAL	320 Hr Olo	LOLL 12. WAS DECEDENT EVER IN U.S. ANTINED	2/06 J	1 0	N OF WHAT COUNTRY?					
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 VES 2 NO IF YES, GIVE WAR ON DATES	1 (1 YES 2 NO Speci	en, Puerto Rican, etc.)	RACE American Indian, Black, White, etc.					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elements (0-12)	ompleted) (Give and o	S USUAL OCCUPATION I work doore during most of working use natived.)	16b. KIND OF BUSINESS/INDU	STRY					
	17 FATHER'S NAME (First, Middle, Last)	3xx	18. MOZNERS N	AME (First, Aginthi, Malchin Streeth)	mi					
TO BE	19a. INFORMANT'S NAME (Type/Print)	ulbaco 7/3.	A MORESS Cliny and Number of Aug	Mounta Affindere City or From Steen Too G	EX LO					
	20a METHOD OF DISPOSITION 1 Buriel 2 Openetion 3 Remov	ral from State	CONSTRUCTION IN AMERICA	199 Har	reals 12					
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complections that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	inplications that obused the death. Do at only one cause on each line.	ie Cery	th as cardiac or respiratory arres	at, Approximate interval Between Oriset and Death					
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
ERTIFI	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	DF):							
MEDICAL	PART II. Other algnificant conditions	contributing to death but not reaulting	In the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	teck only one)						
HYSI	the state of the s	HOSPITAL: Impatient 2 ER/Outpatient 3 DOA 266. DATE OF SNJUNY 285. TH	OTHER: 4 Norsing Home 5 Residence ME OF Sec. MAJURY AT	The same of the sa						
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	HED					
1 1	2 Accident investigation 3 Suicida 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office Duilding, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Even, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, death occur On the basis of examination and/or investigati	red at the time, data and place, and dur ion, in my opinion, death occured at the	a to the cause(s) and manner as stated time, data and place, and due to the o	cause(s) and manner as stated.					
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	P70 P 11	SIGNED (Month, Day, Year)					
		D./1600 CRAIN HIGH	WAY/GLEN BURNIE	, MD 21061						
	31. DATE FILED (CT., 28, 1991	32 REGISTRAR'S SIGNATURE								

COLON S. John Stratem Strains

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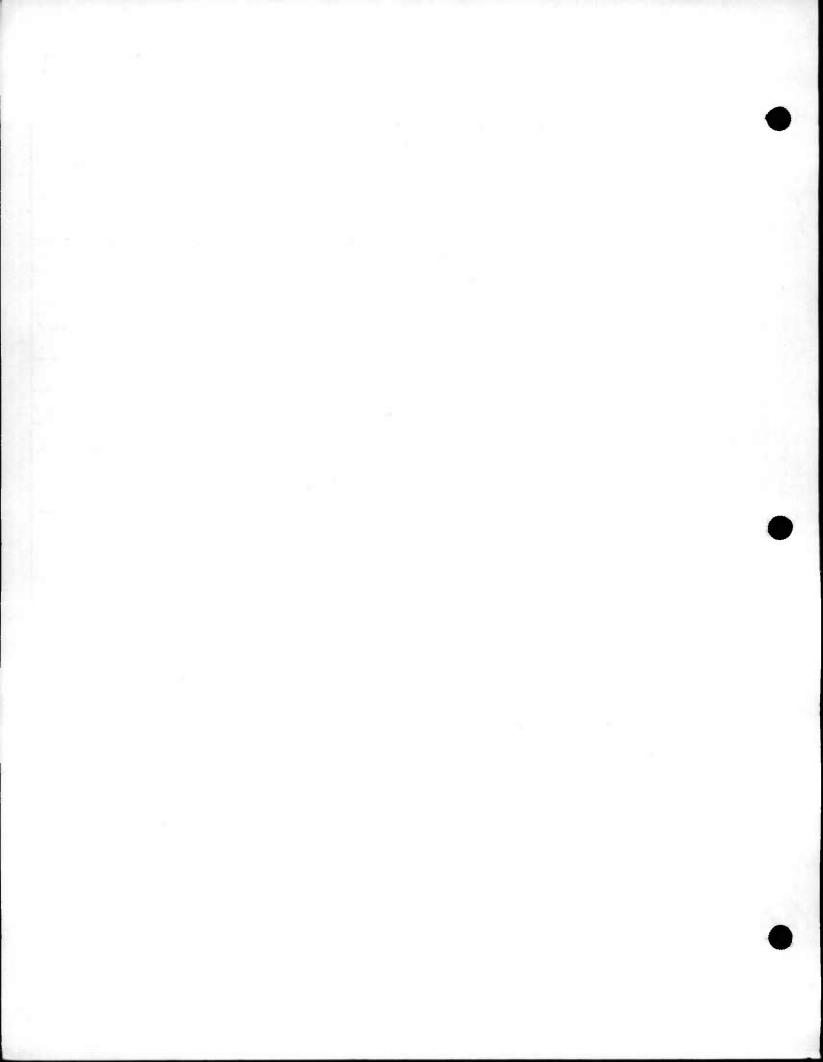
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a property of the formal physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPARTMENT CERTIFICATI	T OF HEALTH AND E OF DEATH	MENTAL HYGIE REG. N					
1. OECEDENT'S NAME (First, Middle LACEY	FRANK	WILSON	JR.	2. DATE OF DEATH MONTH	SAY GE	3. TIME OF DEATH 4: 50 PM			
9a. FACILITY NAME (If not institution	6 1 1 2 0 F	(In.yrs. last birthday) S UNDER MONTHS 96. CIT	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	OF DEATH			
RESIDENCE OF DECEDE	NT COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 Set 2 No				
10e. STREET AND NUMBER	vatige the		101. ZIP CODE 2 12 2 9		10g. CITIZEN OF WHAT COUNTRY?				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TES	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 JAO Speci	an, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Bluck			
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL Of (Give kind of work done life. Do NOT use retired.) LAW ENF	CCUPATION during most of working		CE TR	(KAUKEL)			
LACEY F.	WILSON J	18 MOTHER'S NAME (First Middle Mairian Surname)							
EUNICE M.	WILSON	3602	S (Street and Number or Rural Wo SARA7	064 ST.	BALTO	MD 21229			
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 (4 Donation 5 Other (Specification 2) 21. SIGNATURE OF FUNERAL SERV	Removal from State	22.	NAME AND ADDRESS OF F	T, Con U	MAN S	milks, AD			
ahock, or heart for immediate CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	SHOC	~		Approximate Interval Between Onset end Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	nditions contributing to death	but not resulting in the u	nderlying cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	OTHE							
27. MANNER OF DEATH 1 Matural 5 Pendin	1								
3 Suicide 6 Could 4 Homicide determ	2 Accident 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Boute Number, Street)								
and a	3 PHYSICIAN: To the best of my kno XAMINER: On the basis of examinat					use(s) and manner as stated.			
206. SIGNATURE AND TITLE OF CI	n w		29c. LICENSE NO		29d. DATE SIG	GNED (Month, Day, Year)			
THOMAS	SON WHO COMPLETED CAUSE OF D	BON	SECOUR	S HOSF	DITAL				
31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SIG	Pando M							





IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× nouns after death. Page 6 may be retained by the hospital or attending physician.
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	FOR	STATE OF MARYLAND	/ DEPAR	RTMENT OF	HEALTH A	AND MENTA	I HYGIEN	9	2	9303		
	1 - STATE REGISTRAR			ICATE O			REG. NO.					
100	1. DECEDENT'S NAME (First, Middle, Last) MAURICE	CHARLES MIC	KELSO.	N		2. DATE MONT		3 9	3. 1	5:00 P.M		
100000		5. SEX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR			OF BIRTH		ce (State or Foreign Crington). C			
OR	90. FACILITY NAME (If not institution, give stre	TY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. C	None		ry, town on Lo ashing t					10d X	. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER 1421 Madison Stre			J	10f. ZIP CODE 2001	1 1		10g. CITIZEI				
FUNERAL		12. WAS DECEDENT EVER IN U.S.	ARMED NO		DECENDENT OF	NISPANIC ORIGI Mexicen, Puerto			S. A. Black, WI	American Indian.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	`	10	ES 2 NO	Specify:			Specify: Whit	te		
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT L	work done during ise retired.) ture Fr	most of working	161	Pictu	ure Fr				
BE COM	17. FATHER'S NAME (First, Middle, Last) Samuel Mickelson	ı			Ro	ers name (First, Use Sha)	piro					
5	190. INFORMANT'S NAME (Typo/Print) Lillian H. Micke	elson				t, N.W.				2. 20011		
	20a. METHOD OF DISPOSITION 20	val from State 20b. PLA of cemet	CE AND DAT	y or other place)	ON (Name	10	25 Hy	cation - cir uttsvi	y or Town,	simo Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE Donald C.	NSEE		22. NAMI	AND ADDRESS		,					
	23. PART I. Enter the diseases, pr or shock, pr heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the list only one cause on each I mulicipant I Due to (or as a con	ine.	not enter the	mode of dyin	g, such ss car	diec or resp	iratory srres	it,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in destr) LAST	DUE TO (OR AS A CON	SEQUENCE (OF):	ŋ;							
CER	d d											
PHYSICIAN: MEDICAL	Septic Show		ot resulting	In the underl	ying csuse gl	iven in Part I.	24a. WAS AN PERFO	RMED?	AMAILABLE PRIOR TO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	3 DOA	OTHER:	-1	ATH (Check only o						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	266. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? WM 1 V FS 2 NO						4				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al building, etc. (Specify)	home, farm	, street, factory, o	office		CATION (Street or Town, State		Rural Route	Number,		
COMPLETED	(ontoin only	CIAN: To the best of my knowledge R: On the basis of examination and								d menner se stated.		
BE	29b. SIGNATURE AND ITITLE OF CERTIFIER	Bergho				NSE NUMBER			SIGNED (MO	onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHIC	COMPLETED CAUSE OF DEATH (TEM 27) (7/2	on, Print)								

LETED CAUSE OF DEATH (ITEM 27) (Type, Prini)
... 8926 Woodyard Road

#201

- Mandelle)

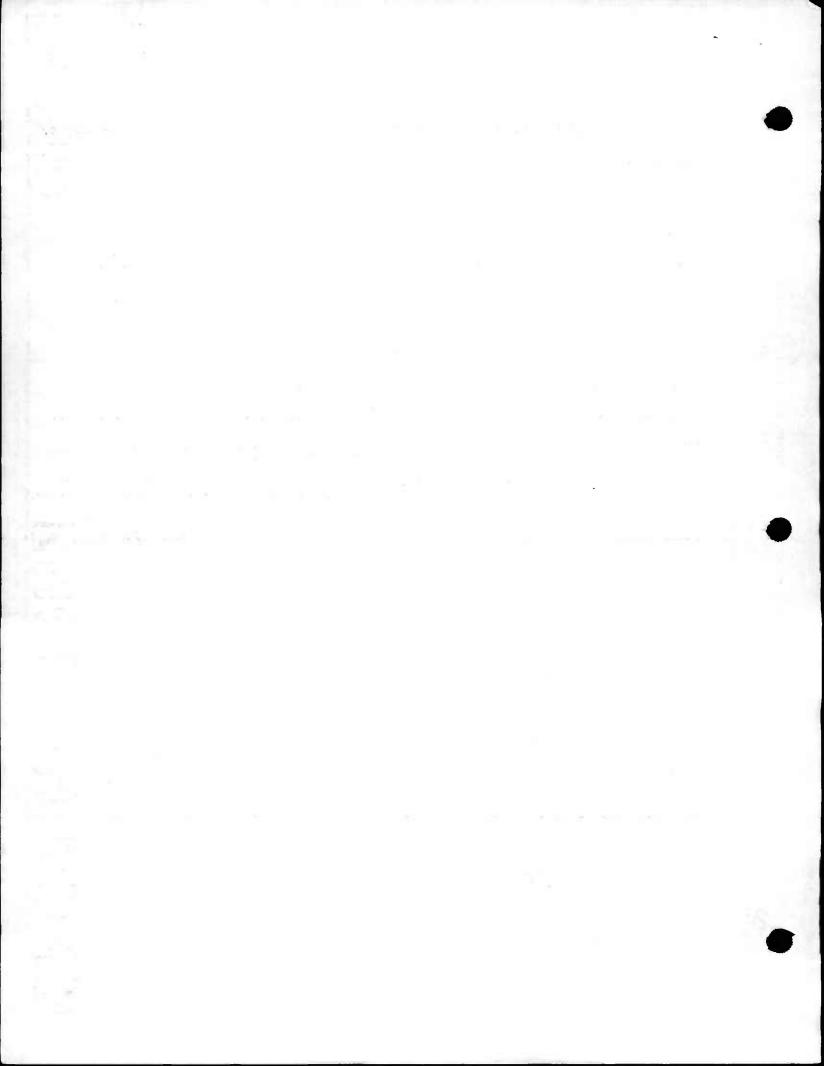
Clinton

HD 20731

30. NAME AND ADDRESS OF PERSON WITH CALL - Y'LL YELLOW (2)
31. DATE FILED (Month, Day, Year)

ho.

32. REGISTRAR'S



FOR 1 - STATE REGIST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a. BIRTHPLACE (State or Foreign Country) Maryland INTY OF DEATH ARTOR 10d. INSIDE CITY LIMITS? 1 YES 2730NO							
a. BIRTHPLACE (State or Foreign Country) Maryland Why of DEATH arford 10d. INSIDE CITY LIMITS? 1 YES 223000							
Maryland White of death arford 10d. INSIDE CITY LIMITS? 1 Ures 223000							
Maryland Introferath arford 10d. Inside city Limits? 1 Yes 2xxxx							
10d. INSIDE CITY LIMITS? 1 YES 2 2300							
10d. INSIDE CITY LIMITS? 1 YES 2							
10d. INSIDE CITY LIMITS? 1 YES 2							
1 YES 2000							
IZEN OF WHAT COUNTRY?							
The state of the s							
USA							
14. RACE — American Indian, Black, White, atc.							
Specify: White							
DUSTRY							
cing							
o Code) e. Md. 21084							
City or Town, State ore, Maryland							
re, Maryland							
Md. 21236							
rest, Approximete Interval Between							
Onset and Death							
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING							
24h WEDE AUTOROU PU							
I 490, WENE AUTUPSY FINDING							
AVAILABLE PRIOR TO							
AVAILABLE PRIOR TO							
COMPLETION OF CAUSE							
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number,							
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number,							
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number, ed. as cause(s) and manner as stated.							
AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number,							
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number, ed. a cause(s) and manner as stated.							
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number, ed. as cause(s) and manner as stated.							

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DALLINOAC, MARTLAND A	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	eš
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2	after	by the	cal
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Ś	withir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe fled within 72 hours after death with the State Dept, of Health and Mental Hygiere prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	HOSP	FUNE	TANT
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	2	23	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
UCT 28 1991

13 REGISTRAR'S SIGNATURE
Freia Davidson Randall

	Care									0.1	20	005
	1 - STATE REGISTRAR		MARYLAND /	DEPAR	RTMENT FICATE	OF H	DEAT	AND I	MENTAL HYGIEI REG. NO		29	305
			ELAND						2. DATE OF DEATH OCTOBER 2	PS. 199	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 179-01-4087	5. SEX 1 X M 2 F	6. AGE (In yrs. las	et birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) June 29,		8. BIRTHPL. Country)	ACE (State or Foreign USYLVANIA
TOR	96. FACILITY NAME (# not institution, give street end number) Meridian Nursing Center-Perring Pkwy Towson Besidence of Decement 96. CITY, TOWN OR LOCATION OF DEATH Baltimore											
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO. Pennsylvania Delaware Media						LIMIT					Dd. INSIDE CITY LIMITS? X YES 2 NO
IERAL	100. STREET AND NUMBER 308 W. Rose Tree Rd. 19063									AT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — A Black, Wh R OR DATES 1 YES 2 NO Specify: Specify:				American Indian, white, etc.				
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	live kind of v Do NOT us	work done of see retired.)	CCUPATIO during mos	N st of workin	9	18b. KIND OF BU			
8	17. FATNER'S NAME (First, Middle, Lest) John J. Wieland Gertrude Myers											
2	Joan Lock 308 W. Rose Tree Rd., Media, PA 19063											
	206. PLACE AND DATE OF DISPOSITION Burlet 2 Cremation 3 M Removal from State Donation 5 Other (Specify) DATE											
	. K. George	alle	B		RO 60	BERT	C.	ALTI	ENBURG FUN	VERAL I	HOME,	INC.
	23. DART I. Enter the diseases or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pne	umone	a	not antar	tha mod	la of dyle	ng, auch	aa cardlac or resp	olratory arres	nt,	Approximate interval Between Onset and Daath
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST						10grs. 40 grs.					
PHYSICIAN: MEDICAL CER	PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO DEATH?							AILABLE PRIOR TO MPLETION OF CAUSE				
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER				ck only one) 8 Other (Specify)			
à l	27. MANNEW OF DEATH 1 N Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE OF II (Month, Day 28e. PLACE OF building, e			E OF JURY M	28c. INJUI WOR 1 - YE	RY AT		28d. DESCRIBE HOW I	end Number or		Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of m	my knowledge, dea	ith occurre	nd at the tin	ne, data a sinion, dec	ind place, ath occure	end dua t	City or Town, State) to the cause(e) end mei ime, date end place, en	nner ae stated.	ceuse(e) end	d manner ee stated.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF OEATH		3. TIME OF DEATH			
3	Ellanora		D.	Wi	illing		October '	21, 19	91	1:30 P.M. M		
	4. SOCIAL SECURITY NUMBER 215 09 8399	5. SEX 1 M 2 XX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	April 7, 1916 8. BIRTHPLACE (State or Foreign Country) Maryland					
DIRECTOR	90. FACILITY NAME (If not institution, 105 Norman Dr. RESIDENCE OF DECEDEN	man Dr.			96. CITY, TOWN OR LOCATION OF DEATH Pasadena 9c. COUNTY OF DEATH Anne Arund							
EC	10e. STATE 10b. CO			I 10c. CITY	TOWN OR LOCA	TION			L			
	Maryland 10. STREET AND NUMBER	100.011,	Pasadena LIMIT					INSIDE CITY LIMITS? YES 2 XNO				
RA	105 Norman Rd.		10	f. ZIP CODE	22			T COUNTRY?				
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. AR	4450	21122				United States			
B	1 Never Married 2 Merried SXXWidowed 4 Divorced FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES			10	if yes, sp	ecify Cuben, Mexice 2 X NO Specify	IC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	e or No-	4. RACE — Black, W Specify:	American Indian, Thite, etc. White		
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DE	CEDENT'S U	SUAL OCCUPATI rk done during me	ON set of working	16b. KIND OF BL					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT use	retired.) 1erk	as or working	Marylar Motor V	d Stat Wehicle	te Go	vernment inistratio		
BE CO	17. FATNER'S NAME (First, Middle, Last William)	Strue	we		18. MOTNER'S NAI	ME (First, Middle, Maider	Sumame)	Go	oltz		
10							imore, MD	rn, State, Zip Co				
	20s. METHOD OF DISPOSITION Solutist 2 Cremation 3 C Communication 5 Communication (Specify)	Removal from State										
	21. SIGNATURE OF FUNERALISERVE	E UCENSEE					ral Home o	6 Page	Jana	ite, Pib		
	* Steple &	Lother	1		3204	Mountair	n Rd., Pas	r Pasa adena,	MD	21122		
	23. PART I. Enter the diseases, ehock, pr heert falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	aee Dri each line.			Aus	se cardiac or resp	iratory srres	st,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentisliy liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in death) LAST	C	(OR AS A CONSEQ		U							
MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO						AILABLE PRIOR TO MPLETION OF CAUSE DEATN?					
¥	25. WAS CASE REFERRED TO MEDICA											
PHYSICIAN	EXAMINER?	HOSPITAL:	1		THER:	ACE OF DEATN (Che						
Ĕ∥	27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3	28b. TIME C		e 5 Residence t						
à l	1 Natural 5 Pending 2 Accident Investigati	on (Month, D	ay, Year)	INJUR	M 1	RK? /ES 2 NO	28d. DESCRIBE NOW					
ETED	4 Nomicide determine	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYINO PI	HYSICIAN: To the best of MINER: On the best of e	my knowledge, dea kamination end/or in	nth occurred investigation,	at the time, date In my opinion, d	end place, end due t	o the ceuse(e) end me ime, date end piece, en	nner as atated.	euse(e) en	d menner ae atated.		
	296. SIGNATUSE AND TITLE OF BERT	al, M.D				D2913	DER 7	29d. DATE S	19NED (MO)	oth, Day, Year)		
٩	863 KURUU	Highwa	DF DEATH (ITEM	OS CO	Lena	Haryle	and 2112	2				
	OCT 28 1991	A REGISTRA	SIGNATURE	22		0						



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BALTIMORE, MARYLAND 21215-0020

TO THE HOS VICENTED AT A TELEMAN PROPERTY THE LAW REQUIRES that the death certificate be executed within 28 Julys after death. Page 6 may be retained by the bost TO THE FUNERAL UNESTED After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for within 72 hours that death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ENOW: PHYSICIAN: The law requires that the death certificate be executed within 24 wours after do N OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2	. DATE OF DEATN		3. TIME OF DEATH	
	Rut	h A.	Wehnert			Oct.20,		IR M	
	4. SOCIAL SECURITY NUMBER		vrs. last birthday)	IF UNDER 1 YEAR	1	DATE OF BIRTH		IRTNPLACE (State or Foreign	
- 6	212-01-9398	1□M2XF 73		MONTHS DAYS	HOURS MIN.	17/1918) Co	aryland	
	9a. FACILITY NAME (If not institution, give si	/			P/				
~				96. CITY, TOWN	OR LOCATION OF DEATH	н	9c. COUNTY O	OF DEATH	
DIRECTOR	8190 Forest G1	en Dr.		Pasad	ena		A.A.	.Co.Md.	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10- 000	, TOWN OR LOCA	101				
<u>E</u>	174							10d. INSIDE CITY LIMITS?	
	Maryland /W	A.A.Co.	Р	asaden				1 TES 2 NO	
¥.				10	I. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?	
FUNERAL	8190	Forest Gler	Dr.		21122		US	A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPANIC	ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indien, Black, Whita, atc.	
ВУ	1 Never Married 2 Married	IF YES, GIVE WAR OR DA	res XNO		ecify Cuban, Mexican, P 2 2 NO Specify:	uerto Mican, etc.)		Danath.	
	3 Widowed 4 Divorced				24			White	
	15. DECEDENT'S EDUC (Specify only highest grade)	CATION COmpleted)	16a. DECEDENT'S	USUAL OCCUPATION done during mo	ON	16b. KIND OF BUS	SINESS/INDUSTR	RY	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	ist or working				
릴	12		Mana	ger		Clothi	ng Fa	ctory	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME				
	Charles		H. F:	ranck	Theres		,	Rosbach	
H	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Rout				
2	Mr. Edward T. W	Johnort Sr							
	20a. METNOD OF DISPOSITION								
	1 Burial 2 Cremation 3 Remo	wat from State come	PLACE AND DATE O tery, cremetory or off ryland	of DISPOSITION (No her piece)			CATION — City o		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIE	40.1	ryland					nsville,Md.	
- 1	. 20	140		22. NAME A	ND ADDRESS OF FACILI	3204 Mc	ountai	n Rd.21122	
_	Torre	della		McCu:	lly Funer	al Home	. Pasa	dena Md	
	23. PART I. Entar the diseases, or o	omplications that caused	the death. Do n	ot antar the mo	da of dving, auch a	a cardiac or resol	retory arrest	Approximata	
	anock, or haart failure.	Liat only one cause on as	ch lina.	/	2		ratory arreat,	Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	Courses	· lee	dears	1 / 10			Oneat and Death	
	resulting in death)	DUE TO (OR AS A			forme	and the same of th		ora yays	
		DUE TO (OR AS A	CONSEQUENCE OF):	1 Tal	rice			
8	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):							
ĔI	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
5	CAUSE (Disease or Injury	*							
발표	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	Touching in death) Exst	l							
	PART II. Other significant condition	a contributing to death bu	t not resulting is	n the underlyle	a cause alven in Per	rt I. 24e. WAS AN	ALITOROV		
EDICAL	Carrie all		Gotu		Vielen ~	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
١٥	010		o Jan	,	There !	1 TYES 2	NO	OF DEATH?	
ž		ifice					′	1 - YES 2 - NO	
ż			-						
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Check	only one)			
)S	1 YES 2 NO	HOSPITAL: 1 Inpatiant 2 ER/Outpa	tient 3 🗆 DOA	OTHER:	e 5 Hesidence S	Other (Specify)			
ξI	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT 28	d. DESCRIBE NOW I	NJURY OCCURE!	D	
	1 Natural 5 Pending	(Month, Day, Year)	INJU		PRK?				
B	a Deutste	28e. PLACE OF INJURY	- At home, farm, st			f. LOCATION (Street a	and Number or Pr	uni Boute Number	
	4 Nomicide 8 Could not be detarmined	building, etc. (Specif	y)	111111111111111111111111111111111111111		City or Town, State)	na mambar or na	THE TOUR NAMES.	
COMPLETED	29a. CERTIFIER								
4	(Check only	CIAN: To the best of my knowle							
Ö	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opinion, d	esth occured at the time	e, data and placa, and	d dua to the cau	se(a) end manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUMBE	R	29d. DATE SIG	NED (Month, Day, Year)	
BE	Micado	Both M.	>.		DO 922	20	10	12/19/	
۵	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	70 /			F-/-/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						
	UCI 28 1991	John Saide	Delate						
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Philip Pollice 31. DATE FILED (MONTH, Day, Year) OCT 28 1991

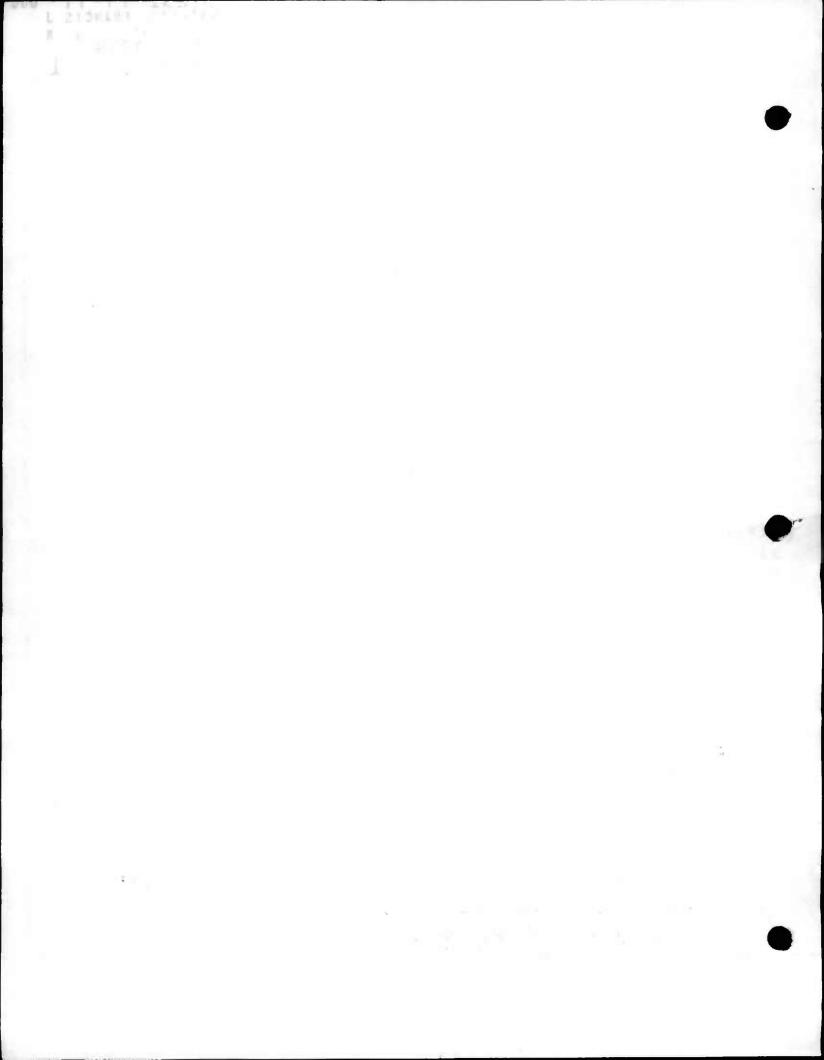
BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	se medical examiner must be notified at once,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE PUNERAL INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										677 00	19/1	928 03	ARCIS J
	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR						HYGIEN REG. NO	_	91	29308
- 9	t. DECEDENT'S NAME (First, Middle, Last) FRANCIS JOSEPH				יזי T אז כ	,			2. DATE OF MONTH	D	AY	YEAR	3. TIME OF DEATH
DIRECTOR	4. SOCIAL SECURITY NUMBER					R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN	22,19	8. BIRTNI	9:45A M
	218-22-9195	1X M 2 □ F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Cou			Country	ryland
	9e. FACILITY NAME (If not institution, g					Y, TOWN C			ATH		9c. COU	NTY OF OE	АТН
	THE JOHNS H		PITAL PITAL		BAI	TIMO	RE C	ITY			BAL	TIMO	RE CITY
E	10a. STATE 10b. CO			10c. CIT	Y, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ltimore					enix	F			I 100 CITI	ZEN OE W	1 YES NO
ERA	14242 Jarrettsv	ille Pike				"		131				SA	nai cooniny
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 10/3/45	XES 2 AR OR DATES	NO	13.	If yes, spe	ENDENT Cuba	n, Maxica	IIC ORIGIN? (n, Puerto Rice	Specify Yearn, atc.)	or No—	14. RACE Black, Specifi	- American Indian, White, atc.
E	15. DECEDENT'S (Specify only highest of	EDUCATION	16a. Di	ECEDENT'S	work done	during mo:	N st of workin	007	16b, Ki	ND OF BU	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)) #16	Do NOT u	se retired.)				o al D	-4-11	Г	- C-1	120
OM	17. FATHER'S NAME (First, Middle, Last		JSen	f-Em	Jioye	ea -		_	ME (First, Mide		Food	a Sai	es
BE C	William Vinc	ent Watkin	s				1111		ieve S				
2	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Number,	City or Tow	n, State, Zip		
	Dorothy Anne Jones 2415 Old Bosley Rd., Timonium, Md. 21093												
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Commettery, cremetery, cremetery, or other pigco) Dulaney Valley Memorial Garden's Timonium,								Md 21093				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE TIMONIUM, MO 22. NAME AND AGORESS OF FACILITY Lemmon—Mitchell—Wiedefeld										1110. 21033		
	•	Martin D.	Lawson	n	10	o W.	Pad	lonia	Rd.,	Tin	noniu	m, N	ld. 21093
	Martin D. Lawson 10 W. Padonia Rd., Timonium, Md. 21093 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between interval Between												
	IMMEDIATE CAUSE (Fine)											Onset and Death	
	resulting in deeth)	a. Metusto	OR AS A CONSE	OUFNCE O	n Ju	mor							6/91-10/9
z		- Resp. Ar		14.00	,								
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFIC	CAUSE. (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										-		
F	that initiated events resulting in death) LAST												
MEDICAL CI	PERFORMED? 1 YES 2 NO COMPLETION OIL DE DEATN?									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICA												
SICI	EXAMINER?	HOSPITAL:	EB/Outputlant 2	004	OTHE	R:			ock only one)				
PHYSICIAN:	27. MANNER OF DEATN	28a. OATE OF I	INJURY	28b. TIM	E OF	28c. INJI	JRY AT	sidence	8 Other (S 28d. DESCR		NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigati		y, rear)		URY M	1 Y	-	NO	_	_			
ED	3 Suicide 8 Could not determine	building, e	INJURY At he ric. (Specify)	ome, tarm,	street, fec	tory, office			28t. LOCATION OF T	ON (Street lown, State)	and Number	or Rural Ro	oute Number,
LET	AND CERTIFIER			-									
COMPLET	(Check only	IYSICIAN: To the best of r											and manner as stated
E CC	29b. SIGNATURE AND TITLE OF CERT					1		NSE NUM		p. 2004, dil			Month, Day, Year)
00		uluie M	,						57 PP	91		0/22	191
2	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)								

Johns Hopkins Hospitale

32. REGISTRAR'S SIGNATURE

Julia Savidson-Randall



TO BE COMPLETED BY EL	TO BE COMPLETED BY BUYCLCIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete; die by the funeral director, page 5 should be detached for use as the burial
ter death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

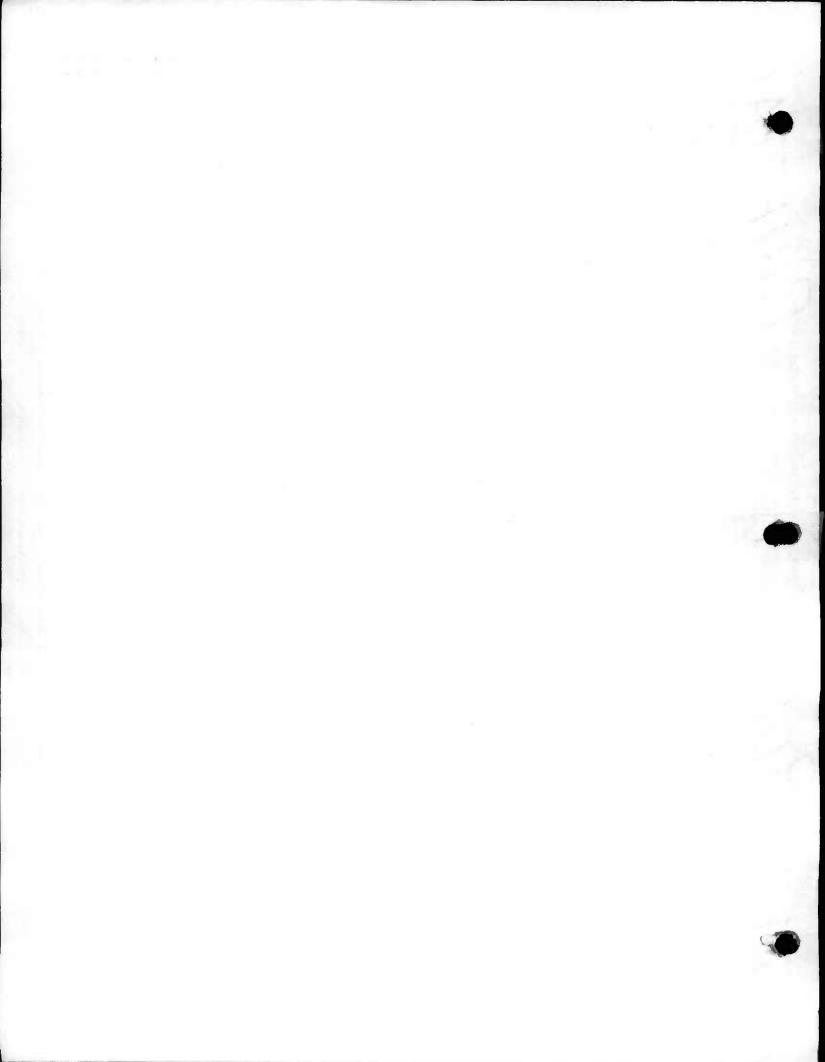
	1 - FOR REGISTRAR	STATE OF M	ARYLAND /		TMENT				MENTAL	HYGIEN	_	2	9309
	1. DECEDENT'S NAME (First Middle Lest)				,					OF DEATH	AU	3. T	IME OF OEATH
	Albert E. We	ells							MONTE	2	4 8	77	300 M
	4. SOCIAL SECURITY NUMBER 577-24-6720	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	(Month	OF BIRTH Day, Year)	8.	Country)	N . Y .
	9e. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY,	TOWN C	OR LOCATI	ION OF DE			9c. COUNT		
TOR	Jenkins Memorial N.H.					Baltimore							
DIRECTOR	Md Baltimore 10c. CITY				Y, TOWN C								. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 234 Gralan Road	E				101	zip cod	122	8			N OF WHAT SA	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N		1	If yes, sp	ecity Cubi		n, Puerto 1	i? (Specify Ya Rican, etc.)	a or No— 14	Specify:	American Indian, lite, etc.
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+	(Gh	ve kind of v Do NOT us		during ma	ist of worki		186		ISINESS/INDUS		
MP				Adm	inis	stra					al Se	curi	ty
BE CO	17. FATHER'S NAME (First, Middle, Last) Rev. Theophilus	s Wells								Middle, Malder Clìne	Surneme)		
5	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS	Street &	ind Numbe	r or Rural i	Route Numi	ber, City or Tov	vn, State, Zip C	ode)	
	Mrs. Mary Well:	5							alto		. 212		
	20e. METHOD OF DISPOSITION Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE other pla	ice)	SITION (No						tica.		
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSE	4		S 1	hame al	Ling	AS.		Fun	eral e Bal	Home	
	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that	t caused the de	ath. Do r									Approximate interval Between
	immediate cause (Final disease or condition reaulting in death)	a. Sepse	· · · · · · · · · · · · · · · · · · ·	Mienos o	,								Oneet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST a. JPSUS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. POLITICAL DEPLICATION OF THE CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Pure his Circle Name Discontinuous Discontinuous 1 yes 2 No								CO	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETIDN DF CAUSE DEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		110	OTHE		LACE OF	DEATH (Ch	eck only or	10)			
IXS	1 VES 2 NO	1 Inpetient 2				_		Residence	8 🗆 Othe			000	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation						JURY AT ORK? YES 2	□ NO	28d. DE:	SCRIBE HOW	INJURY OCCU	HED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O	F INJURY — At ho etc. (Specify)	me, farm,	street, fac	tory, offic	:•		28f. LOC City	ATION (Street or Town, State	and Number of	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												d menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Court	4				29c. Li	349	MBER 5		29d. OATE :	SIGNEO (Mo	onth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUS	SE OF DEATH (ITE	M 271 /Type	Print)			#1					

11 0	In Nombo Mr		t-	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHE	theck only one) 8 □ Other (Specify)			
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. DESCRIBE HOW INJURY OCCUP	AED .		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, de	eath occurred at the	fime, date and place, end du	us to the cause(s) and manner as stated.		

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER D34551	29d. OAT
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1 BALL	2

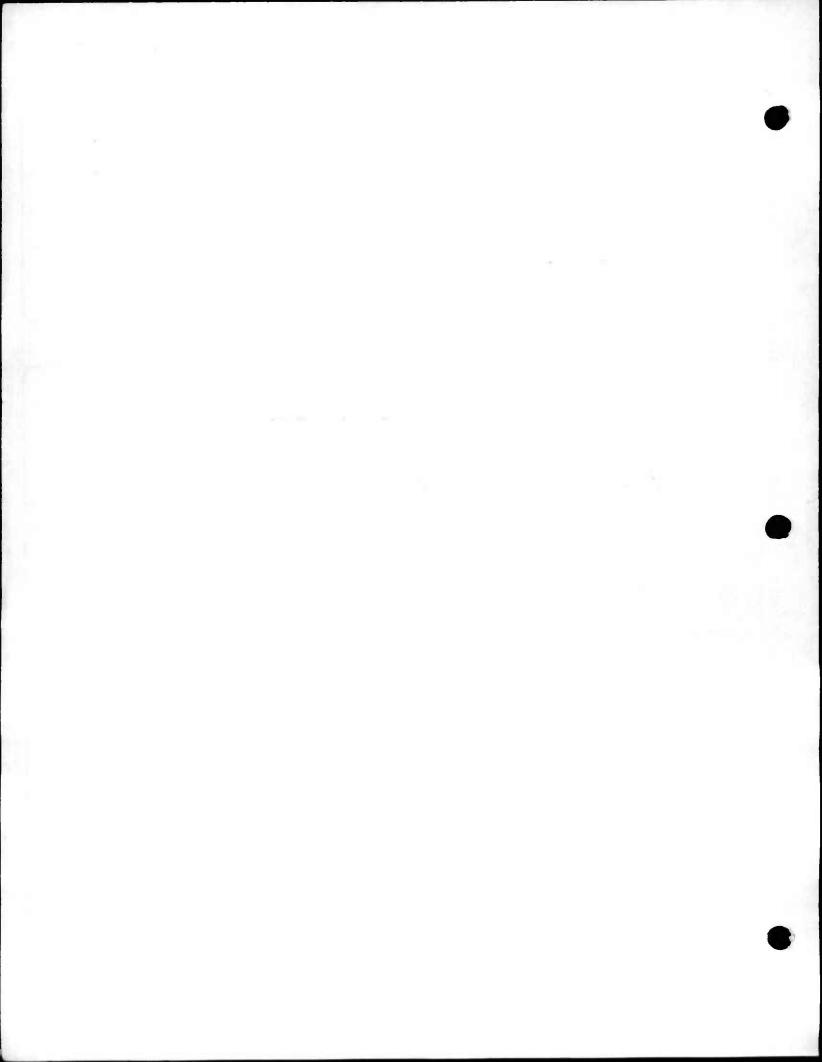
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain		IMPORTANT: If Hem 28 is marked or Hem 23 shows any Infury or other traumatic event the modified as a continued as a continued to a continued to the second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events and the second traumatic events are second traumatic events an
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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY		3. TIME OF DEATH	
	IDA	В.		ABRAM	S	Octob	er 25,19	91	9:52A	
1	4. SOCIAL SECURITY NUMBER 220–38–6625	1 🗆 M 2 🔯 F	GE (in yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BI (Month, Day,	RTH Year)		PLACE (State or Foreign	
OR	96. FACILITY NAME (II not institution, give Maryland Genera.	street and number) 1 Hospital		вь. стту, томи Ва1 t	or Location of Linore Ci	ty ty	9c. COUN	TY OF DE	ATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	6. COUNTY 10c. CITY, TOWN OR LOCATION 10d. I								
VERAL	100. STREET AND NUMBER 3 4 3	B5 Lynne H Trive	laven Dri	ve	01. ZIP CODE 21207		10g. CITIZ		HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	rES 2 VNO	If yes, a	CENDENT OF HISPA specify Cuban, Mexic S 2 NO Spec	en, Puarto Rican,	ecify Yea or No— etc.)	14. RACE - Black, Specify	- American Indian, White, atc. Black	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of w life. Do NOT us	rork done durina n	TION nost of working	18b. KIND	OF BUSINESS/INDU	STRY		
BE COM	17. FATHER'S NAME (First, Middle, Linst) Henry Bolden					AME (First, Middle, a Bolden	Maiden Surname)			
2	19a. INFORMANT'S NAME (Type/Print) Willie Thompson		196. MAILING 3435		ynne Ha Haven Dri	aven_Dr	ive imore, Md 2	21207		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Of Cometery, Cremetory or off King Memori	er disposition (P	lame of	103091	20c. LOCATION — CI			
		ugaret,	Koger	March March	h F/H West	ACILITY			PU	
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chronic Obstructive Pulmonary Disease Due TO (OR AS A CONSEQUENCE OF):									
Sequentielly llet conditions, if any, leading to immediate cause. Enter UndERLYING CAUSE (Disease or Injury that initiated events Arrhythmia (sinus ventricular tachycardia) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PILICALION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR A	AS A CONSEQUENCE OF	ventri	cular ta	chycard	ia)			
4	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF	ventri) Part I. 24a, 1	WAS AN AUTOPSY PERFORMED?	I A	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO DIMPLETION OF CAUSE	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF	ventri) Part I. 24a, 1	WAS AN AUTOPSY	O O		
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A DUE TO (OR A d. ns contributing to deet	AS A CONSEQUENCE OF	ventri the underlyle 28. P	ng cause given in	Part I. 24a. 1	was an autopsy Performed? Yes 2XXNO	O O	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
FILISICIAN. MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \$\frac{1}{2}\$\$ 100 27. MANNER OF OEATH 1 \$\frac{1}{2}\$ Natural 5 Pending	OUE TO (OR A DUE TO (OR A d. as contributing to deet	AS A CONSEQUENCE OF	26. POTHER: 4 Nursing Hor OF 28c. IN W	ng cause given in	Pert I. 24a. 1 1 □ neck only one) 8 □ Other (Spec	was an autopsy Performed? Yes 2XXNO	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DI FRISICIAN. MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ₹₹500 27. MANNER OF OEATH 1 ★ Natural 5 □ Pending	OUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE OF AS A C	28. POTHER: 4 Nursing Hor	LACE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO	Part I. 24a. 1 1 neck only one) 8 Other (Spec 28d, DESCRIBE	WAS AN AUTOPSY PERFORMED? YES 2XXVO iity) HOW INJURY OCCU	A C C C C C C C C C C C C C C C C C C C	WAILABLE PRIOR TO DOMPLETION OF CAUSE FEATH? YES 2 X X YOO	
DI FRISICIAN. MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ▼₩0 27. MANNER OF OEATH 1 ▼ Natural 5 □ Pending Investigation 3 □ Suicide 8 □ Could not be determined 29a. CERTIFIER □ CERTIFYING PHYSI	OUE TO (OR A c. DUE TO (OR A d. Ins contributing to deet HOSPITAL: 1 (A)-inpatient 2 = ER/C 28e. DATE OF INJU- (Month, Day, Yes 28e. PLACE OF INJU- building, etc. (S	AS A CONSEQUENCE OF AS A C	28. P OTHER: 4 Nursing Hor WY M 1 rest, factory, office	LACE OF DEATH (C/	1 Part I. 24a. 1 1 Deck only one) 8 Deck only one) 28d. DESCRIBE 28f. LOCATION City or Town	WAS AN AUTOPSY PERFORMED? YES 2XX40 ifly) HOW INJURY OCCU (Street and Number or , State)	REO Rural Rou	WALLABLE PRIOR TO DUMPLETION OF CAUSE IF DEATH? YES 2 X 200	
FILISICIAN. MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ▼₩0 27. MANNER OF OEATH 1 ▼ Natural 5 □ Pending Investigation 3 □ Suicide 8 □ Could not be determined 29a. CERTIFIER □ CERTIFYING PHYSI	DUE TO (OR A C. DUE TO (OR A d. HOSPITAL: 1 Inpatient 2 ER/C 28a. PLACE OF INJUMENTAL DELY Month, Day, Yea 28a. PLACE OF INJUMENTAL DELY MONTH, Day, Yea CIAN: To the best of my kr ER: On the best of axaming	AS A CONSEQUENCE OF AS A C	26. P OTHER: 4 Nursing Hor of 28c. IN MY M 1 rest, factory, office d at the time, date , in my opinion, of	LACE OF DEATH (C/	Part I. 24a. 1 1 Deck only one) 8 Deck only one) 8 Other (Special Company of Town City or Town on the ceuse(e) as a time, date end pi	WAS AN AUTOPSY PERFORMED? YES 2XX40 ify) HOW INJURY OCCU (Street and Number or or, Stete) and manner as stated see, and due to the of	REO REO Cause(a) a	WALLABLE PRIOR TO DIMPLETION OF CAUSE IF DEATH? YES 2 X 100	



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parmit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-6332-510 FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE C	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEA	ATN
	Douglas	Ε.	And	erson		1 O			YEAR		
	4. SOCIAL SECURITY NUMBER		RE (In yrs. last birthday)	IF UNDER 1 YEA			2.7 DE BIRTH		-	1:55	A M
	721-09-5612	1 M 2 - F	- 215	MONTHS DAY		(Month	Dey. Year) 16-1925		Country)	LACE (State or I	Foreign
	On EACH LYV MARRE (Many Institution of		66 YRS.				16-1925			S.C.	
· ·	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF E	DEATN		9c. COUN	TY OF DE	ATN	
ō l	4121 Boarman	Avenue		Balti	more						
DIRECTOR	10a. STATE 10b. COUNT	rv									
፸	Md	,	10c. C11Y	alto	CATION				- 1	10d. INSIDE CIT LIMITS?	
				u100			1 X YES 2 [
₹	10e. STREET AND NUMBER				101, ZIP CODE				0g. CITIZEN OF WNAT COUNTRY?		
iji	4121 Boarman Ave	nue			21215	U	USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS I	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RA					- American Ind White, etc.	Hen,
	1 Never Married 2 Married	FORCES? 1 (X) YE	S 2 NO	If yes,	specify Cuban, Maxic ES 2 NO Speci	an, Puarlo R	Ican, etc.)				
ВУ	3 Widowed 4 Divorced								Specify	B1ac	k
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	JCATION COMPONENT)	18a. DECEOENT'S L	SUAL OCCUP	ATION	16b.	KIND OF BUS	INESS/INDU	STRY		
iii	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	most of working						
ם											
O	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)										
	Mattie Anderson										
BE	19a. INFORMANT'S NAME (Type/Print)										
2					et and Number or Rural						
	Mary Anderson		4121 Bo			ltimore		2121			
	20a, METNOO OF DISPOSITION 1 (A) Burlal 2 Cremation 3 C Ram	novel from State	tob. PLACE AND DATE Of	F DISPOSITION	(Neme of	OATE		CATION - C			
	4 Donaflon 5 Other (Specify)		Garrison F	orest V	eteran	10319	91 Ow	ings Mi	ills,	Md	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSTE			AND ADDRESS OF F	ACILITY					
	- Villamini	1 Ara	11	Marc	h F/H West						
	23 BART I Enter the diseases as	27 9 (0	9	4300	Wabash Av	enue					
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one cause on	ed the death. Do no	ot enter the	mode of dying, suc	ch es cardi	ac or reeple	ratory arres	st,	Approxim	
	INTERVAL DELWEEN										
	disease or condition resulting in death)	. Atherose	lerotic	Card	iovascu	lar	1);	00 50	,		
	disease or condition resulting in death) a. Atheroscieratic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF):										
z		h									
은	Sequentially list conditions, If any, leeding to immediate b. OUE TO (OR AS A CONSEQUENCE OF):										
3	ceuse. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury C. OUE TO (OR AS A CONSEQUENCE OF):										
2	resulting in death) LAST										
	d										
EDICAL	PART II. Other significent condition	e contributing to death	but not reculting in	the underly	ing ceuse given in	Part I.	24s. WAS AN			VERE AUTOPSY F	
5							PERFORI	6/		WAILABLE PRIOR COMPLETION OF	
							T I TES 2	MO		F DEATH?	-1
Σ						- 1			1	TYES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATN (C						
₹S	1 XYES 2 NO	t 🗆 Inpatient 2 🗆 ER/Os	utpatient 3 DOA	☐ Nursing N	ome 5 Kasidenca	6 🗌 Other	(Specify)				
F	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJUR' (Month, Day, Year,	Y 28b. TIME INJU		NJURY AT WORK?	28d. OE\$0	CRIBE NOW IN	JURY OCCU	RED		
B	2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 8 Could not be	28s. PLACE OF INJUS building, atc. (Sp	RY — At home, farm, ats	eet, factory, of	fice	281. LOCA	TION (Street at	nd Number or	Rural Rou	ute Number,	
	4 Homicide determined		,			City of	Town, State)				
الت	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the heat of my key	miledee death assured								
Z	(Check only one) 2 K MEDICAL EXAMINE	ICIAN: To the best of my kno	lon and/or immediateles	et the time, d	its and place, and due	to the caus	e(s) and man	ner an atated	١.		
COMPLETED		R: On the basis of exeminat	TOT and/or investigation.	in my opinion	, death occured at the	fime, data a	ind placa, and	due to the	cauee(s) s	ind manner as a	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R OD I	2.		29c. LICENSE NU	MBER		29d. DATE	SIGNED (A	Aonth, Day, Year)	
0	alleni,	Clute	my		O.C.M.	Ε.		▶ 10	27	1991	
-	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF I	DEATN (ITEM 27) (Type, F	rint)		-			~ 1	1771	
			111 Da	on C+	reet. Ba	1 +		vi a 1	1 1	2120	,
				TI DE	reer Da	ILLIM	ore I	nary.	Land	2120	1
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE			741.74					
	31. DATE FILEO (Month, Day, Year)		Marida on Missa								

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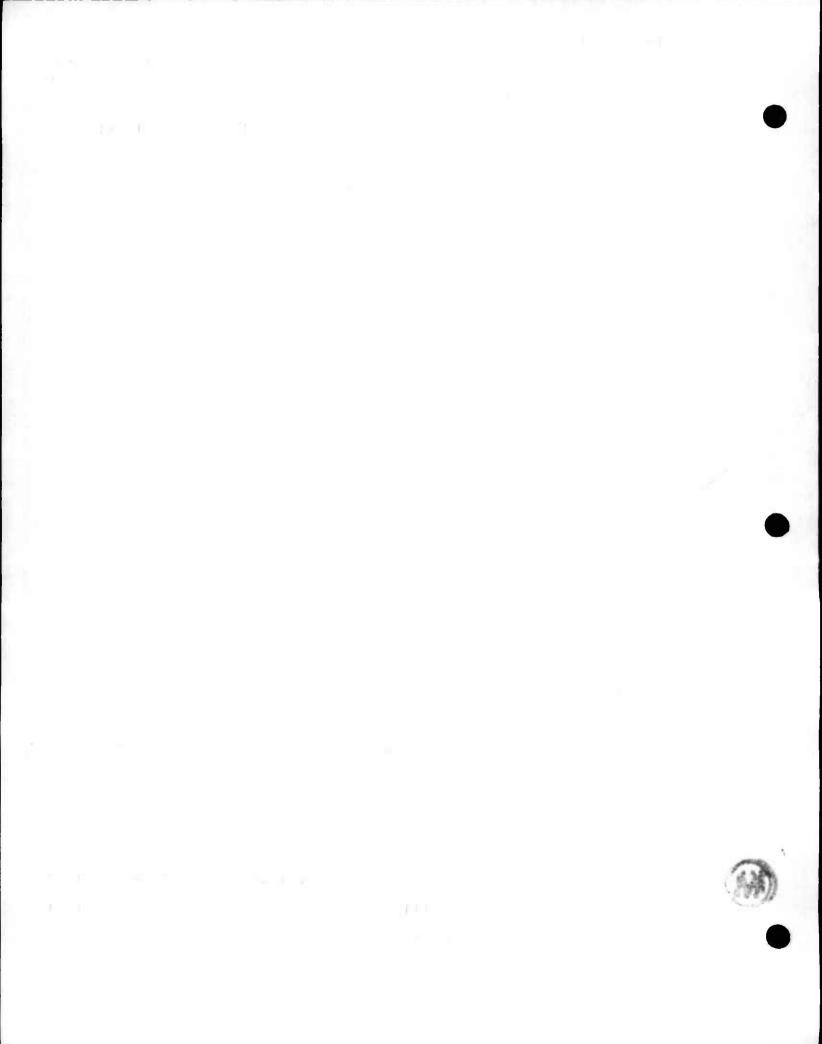
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S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in	ury, or other traumatic event, the medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 i.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF 1	MARYLAND /		RTMENT					HYGIEN REG. NO.	E 9		29312	
	1. DECEOENT'S NAME (First, Middle, Last) JOSSABEL			ΑI	LLEN				2. DATE OF MONTH	DEATH DA		YEAR 9	3. TIME OF DEATH 7:33 P	
	4. SOCIAL SECURITY NUMBER 239-96-4619	5. SEX 1 M 2 F	6. AGE (In yrs. Ins	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF			a. BIRTH	IPLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give s 2029 SMALLWOO		ET				MOR			7721	9c. COU	9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Md.	1			Ralto						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	_		
FUNERAL	100. STREET AND NUMBER 2029 N. Smallw	ood St.					2121				10g. CIT	IZEN OF Y	WHAT COUNTRY?	
B≼	11 MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AB YES 2 XI WAR OR DATES	IMED NO		yes, sp	ENDENT Cooling Cubs	n, Mexicar	PANIC ORIGIN? (Specify Yea or No— 14. RACE — American In Bleck, White, atc.)				— American Indian, c, Whita, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	highest grade completed) (Give kind of work done during most of working							ND OF BUS	SINESS/INC				
ш	17. FATHER'S NAME (First, Middle, Last) Charles A	llen			-		Į.		ME (First, Mide Lee	dle, Maiden	Surname)	11011		
TO B	Willie M. Alle		191	6. MAILING 2029	ADORESS N.	(Street a	nd Number	or Rural R	St.	City or Town	n, State, Zip Lto.	Code)	d. 2121	16
	20a. METHOD OF DISPOSITION 1/1 Burnel Cremation 3 Rame 4 Deniation 5 Other (Specify)		20b. PLACE A	AND DATE	ther place)	rion (Na	erv		26 ·	20c. LO	ansd	City or To	wn, State	
1	22. NAME AND AGORESS OF FACILITY I TY IN CARROLL Fun. F Balto., Md. 21217									Fun. Ho	me			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, abock, or hasn't feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Alexios clave fiz Cardio vas Cular Disease OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. Cancer of very 1 yes 2 No									24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	22.0		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:			OTHER				ck only one)					
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b, TIMI	E OF :	8c. INJU	JRY AT RK?		28d. DESCRI				LLWOOD S	Т.
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	me, larm, s	M 1 TES 2 NO				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,	\dashv		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the beat of	my knowledge, das	nth occurre	d at the tim	ne, date Inlon, de	and place,	and due t	to the ceuse(s) and mend	ner ee atat	ed. e ceuse(e)	and manner as states	d.
TO BE C	296. SHORTURE AND TITLE OF CERTIFIER	Lorde	M	0			29c. LICE	NSE NUME	BER				(Month, Day, Year)	
i	70. NAME AND ADDRESS OF PERSON WHO	KEY M	10 1			SI				ORE,				
31. DATE FILED (Month, Day, Volar) 32. REGISTRAR'S SIGNATURE OCT 29 1991 Sucha Davidson Rendere									· · · · · ·				\dashv	



1 - STATE REGISTRAR		SIAIE UF N		/ DEPAR					MENT		-				
1. DECEDENT'S NAME (First,	, Middle, Last)			Crim	IOA	EOI	DEA	<u> </u>	2. DA	REG. NO).		3. TIME OF DEATH		
David			L.				11e:	-			DAY 1	YEAR Q Q 1			
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDE	ER 1 YEAR	IF UNDER		+	TE OF BIRTH	1 1	991	2:05 PM		
1		1× M 2 F	62	YRS.	MONTHS	7	HOURS	MIN.	(Mc	12-1929		Count	ry)		
9e. FACILITY NAME (If not in	stitution, give str	set and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF D		12 1723		INTY OF D	FATH		
2200 Park	Ave.	Anrtmon	. ω 1 _ Λ ·	٨	p	- 1 - 2	1				1000		7.5.111		
RESIDENCE OF DEC	EDENT	Aprtmer	1 L 1 - A/				mor	e							
10e. STATE	10b. COUNTY					OR LOCA	TION				10d, INSIDE CITY LIMITS?				
Maryland		na		Ba	alti	more							1 X YES 2 NO		
10e. STREET AND NUMBER 2200 Pag	rk Aver	nue				10	. ZIP CODE	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?		
11. MARITAL STATUS		12. WAS DECEDEN			13.	. WAS DEC	ENDENT O	F HISPA	NIC ORK	GIN? (Specify Y	s or No—	14. RACI	E — American Indian,		
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2 AR OR DATES	NO If yes, specify Cuben, Mexican, Puerto Ricen, etc. 1 YES 2 NO Specify:						lo Ricen, etc.)	Specify: Blac				
15, DEC	EDENT'S EDUCA highest grade of	ATION COMPANY	16a. DI	ECEDENT'S	USUAL C	OCCUPATION	ON		1	6b. KIND OF BU	JSINESS/IN	DUSTRY			
Elementary/Secondary (0		College (1-4 or 5+	Aide	Bive kind of a Do NOT us	work done se retired.)	during mo	st of workin	g							
									_						
17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	IER'S N	AME (Firs	t, Middle, Maide	Sumame)				
19e. INFORMANT'S NAME (7)	ype/Print)		19	B. MAILINO	ADDRES	S (Street	nd Number	or Rural	Route No	ımber, City or To	wn, State, Zi	p Code)			
ocme															
20e. METHOD OF DISPOSITI 1	n 3 🗆 Remov	val from State	20b. PLACE cemetery, cri				ime of		D	ATE 20c. L	DCATION —	City or To	rwn, State		
21. SIGNATURE OF FUNERAL		NSEE RONAL	D WADE	DIE	22.	NAME AN	ND ADDRES	S OF F	CILITY		,				
Atalo (Zuelon	er Proper			(Carp	55 6	15.6	ne	Eige	فارتسعم	E				
10000	7	J Ser		5-9	1000	Bac	Elm	-22-	2,7	V-62 "	2120				
23. PART I. Enter the di shock, or he	sesses, or co	emplications that lat only one caus	caused the de	nath. Do r	not anta	r tha mo	da of dyl	ng, suc	h as ca	rdiac or resp	iratory sr	reat,	Approximata		
IMMEDIATE CAUSE (FIN				,									Onset and Dasth		
disesse or condition reaulting in death)	→ s.	HEMOR	RHAGIC	INTRA	CERE	EBRAI	I TUM	OR					ļ		
		DUE TO	OR AS A CONSE	OUENCE OF	F):										
Sequantially list condition	ons b.												!		
If any, lasding to immed	diata	DUE TO	OR AS A CONSE	OUENCE OF	F):										
CAUSE (Disease or Injur		DUE TO	00 40 4 00000												
that initiated evants resulting in death) LAST	r	DOE 10 (E TO (OR AS A CONSEQUENCE OF):												
	d.														
PART II. Other significan	nt conditions	contributing to	death but not i	rasulting i	In tha u	ndariying	cause g	lven in	Part I.	24a. WAS AF		24b.	WERE AUTOPSY FINDINGS		
											RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
										YES	Z [] NO		OF DEATH?		
										ľ			1 NES 2 NO		
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	ATH (Ch	eck only	onel					
EXAMINER?		HOSPITAL:	ER/Outputlent 3	. □ BOA	OTHE	B.				her (Specify)					
27. MANNER OF DEATH		28e. DATE OF	NJURY	28b. TIM		28c. INJ		Idence		her (Specify) ESCRIBE HOW	IN HIRV OC	CURED			
1 Natural 5	anding.	(Month, Da	y. Year)		URY M	1 D	RK?	NO.	200. 0	ESCHIBE HOW	INJUNY OC	CORED			
2 Accident T	nvestigation	28e. PLACE OF	INJURY — At he	me, farm, s	treel fac	-		140	201.10	CATION (Comme	and March	- 0 10			
	Could not be latermined	building, e	rtc. (Specify)			iory, orner			Ch	CATION (Street by or Town, State	ena Number }	or Hunsi H	loute Number,		
29e. CERTIFIER	Content of														
(Obeck only	FYING PHYSICI	AN: To the best of r	ny knowledge, de	eth occurre	d at the t	time, date	end place,	end due	to the c	euse(s) end me	nner es atai	ted.			
		On the beele of ex	amination end/or	Investigation	n, In my o	opinion, de	eath occure	d at the	time, da	fe end place, e	nd due to th	ne ceuse(s)) end menner es stated.		
29b. SIGNATURE AND TITLE	OF CERTIFIER	100	ml				29c. LICE	NSE NUI	WBER		29d, DAT	E SIGNED	(Month, Day, Year)		
00	wn	Coll	e II IY				0.0	. М.	Ε.		10	0	2 1991		
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE					200	1001						
31. DATE ELLED (Month, Day, V	9004	38. REGISTRAF	1'S SIGNATURE		nn	Str	eet.	Ва	lt:	imore	Mary	vlan	d 21201		
UU1 2 9	1997	Fisher Day	dson-Pan	della											

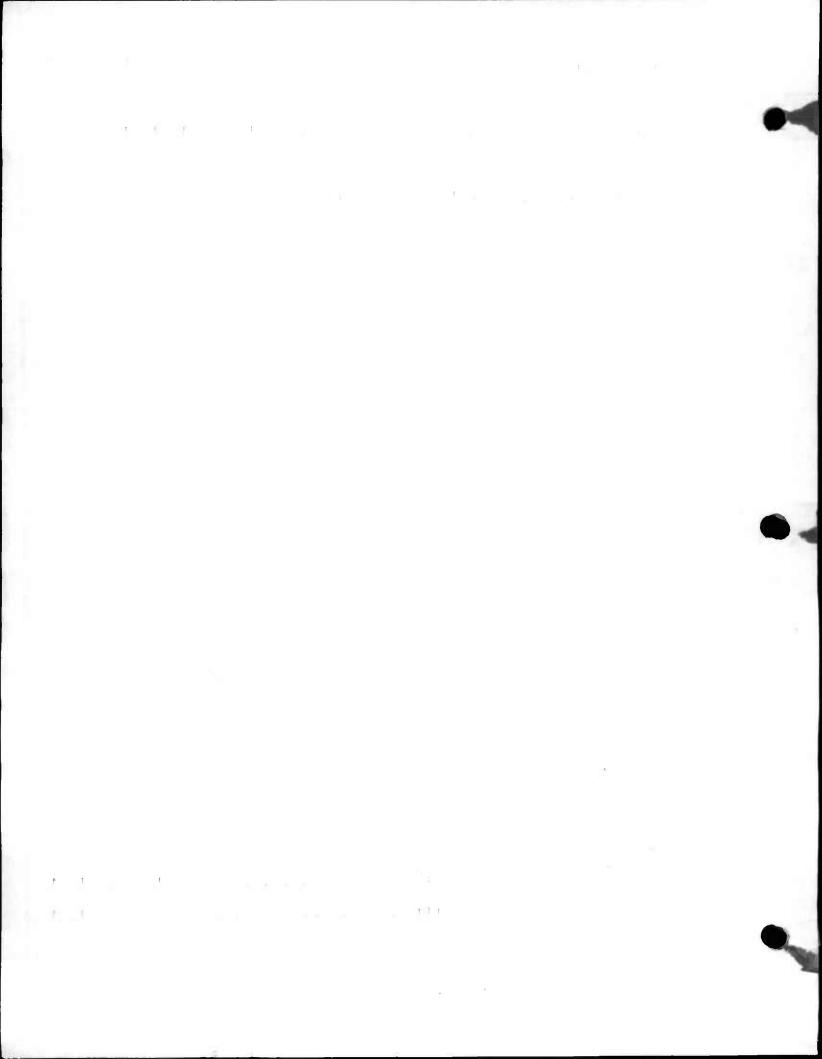
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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completely filled in by the funeral director, page 5 should be detached for use as the burial-transit rial, cremation, or removal.

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Mental Hygiene prior to burial, cremation,

attending physician and

Heath and Meri

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requires that the death certificate be executed within

BOX 68760,

P.O. 1

OF VITAL RECORDS.

DIVISION

urs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jesse Pruden Abbott, Sr. YEAR 10-28-1991 1:05 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER T YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Stete or Foreign 213-07-3875 1- M 2 F 11-07-1897 Virginia Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland N/A Baltimore City 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CDDE 10g. CITIZEN OF WHAT COUNTRY? 4124 Mary Avenue 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married It yes, specify Cube 1 YES 2 NO IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 6th Grade Test Welder Airco 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) William C. Abbott BE Mary Arthur 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie Leona Abbott 4124 Mary Avenue, Baltimore Maryland 21206 20a. METHOD OF DISPOSITION
XXBurlel 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Meadowridge Cemetery 4 Donation 5 D Other (Specify) 10/31 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. eflew 6415 Belair Road, Baltimore, Maryland 21206 inter the diseases, or complications ath. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentielly list conditions, A CONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury OUE TO (DR AS A CONSEQUENCE OF) thet initieted eventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO SEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL OTHER Impatient 2 - ER/Outpetient 3 - DOA 5 Residence 6 Other (Specify) 37. MANNER OF DEATH Natural BY 2 Accident 3 🗌 Suicide 281. LOCATI COMPLETED 4 🔲 Homicidi 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner 2 MEDICAL EXAMINER: On the BE 29d. DATE SIGNED (Month, Gay, Year) 0 a 0 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

who Davidson

HOSPITAL OR ATTENDING FUNERAL DIRECTOR. IMPORTANT: If item 보고

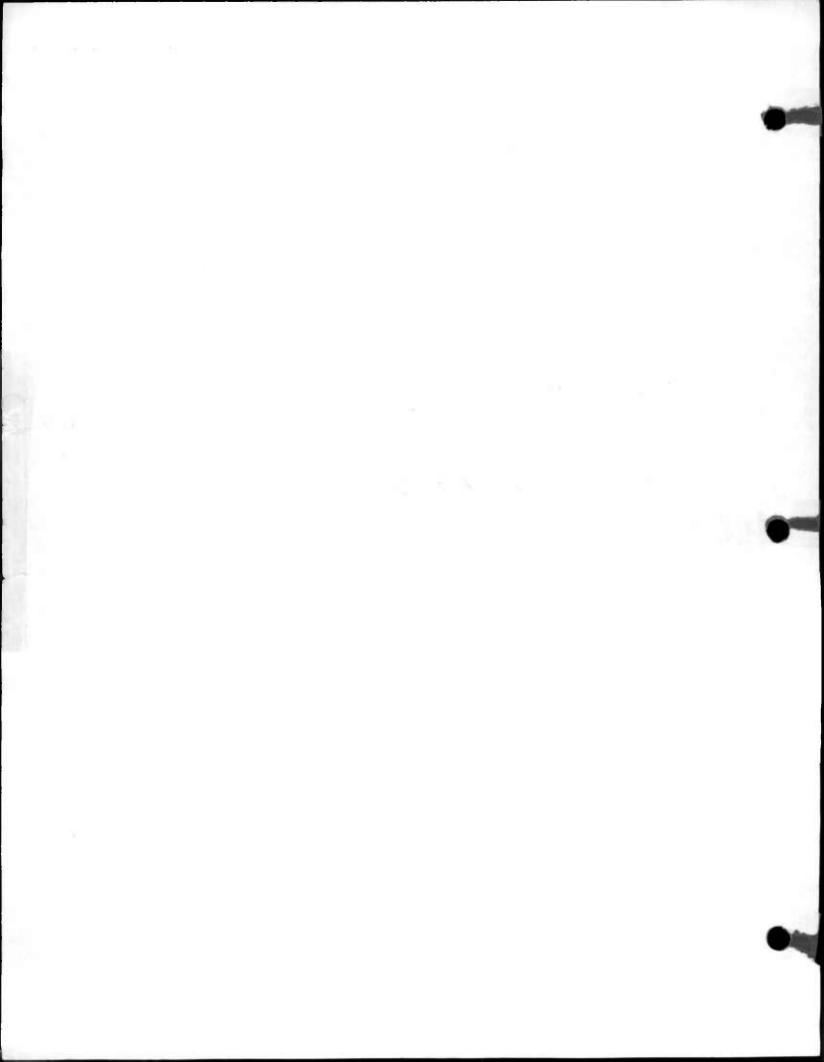


BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	do in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR							29315					
THEORETTAIN	IAIE OF MARYLA	ND / DEPAR	TMENT	OF HEALTH AND	MENTAL HYGIE							
1. DECEDENT'S NAME-(First, Middle, Last)	Baxte		R		2. DATE OF DEATH MONTH	DAY	YEAR 7:50 A					
111011/11	3M2□F 3	yrs. lest birthday) YRS.	IF UNDER	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Manth, Day, Year)	935	BIRTHPLACE (State or Foreign Country)					
9a. FACILITY NAME (If not inetitution, give street e University H	tuspitul		9ь. Сіту, В	TOWN OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	5 /	PR LOCATION			10d. INSIDE CITY LIMITS?					
10e. STREET AND NUMBER	talon St		24 (101. ZIP CODE	216	10g. CITIZE	N OF WHAT COUNTRY?					
11. MARITAL STATUS 1	IF YES GIVE WIRD OR DATES											
15. OECEDENT'S EDUCATION (Specify only highest grade complete)												
17. FATHER'S NAME (First, Middle, Legt) 18. MOTHER'S NAME (First, Middle, Meiden Surpeme)												
190. INFORMANT'S NAME (Typergini) 190. MAILING ADDRESS (Street and Number or Pural Pourse Number, City or Town, State, Zip Code) Nancy Batte 21216												
20e_METHOD OF DISPOSITION 1	rom State 20b, F	tery crematory or o	of Dispos ther place)	ITION (Name of	DATE 20c.	LOCATION - CH	y or Town, State					
21. SIGNATURE OF FUNERAL SERVICE LICENSE Haven Ma	Karen Margaret Kozer Parch Fit Wast walach fre											
23. PART I. Enter the disesses, or complications that caused the destr. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart failure. List only one cause on each lins. MMEDIATE CAUSE (Finel disesse or condition resulting in death)												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C Me H S DUE TO (OR AS A C DUE TO (OR AS A C G T	ta fic CONSEQUENCE OF Ronal	7.	Iden car	com							
PART II. Other significant conditions cor												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? I □ YES 2 M NO	SPITAL:	1 DOA	ОТНЕЯ									
TAMENTAL S Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM			8 Describe How Injury Occured							
3 Suicide 8 Could not be	Suicide 8 Could not be 28s. PLACE OF INJURY — Af home, ferm, street, factory, office building, stc. (Specify)											
299. CERTIFIER 1 CERTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: On	To the best of my knowled the besis of examination of	dge, death occurre and/or investigatio	nd at the tion, for my of	me, date end place, end do pinion, death occured at th	e to the ceuse(e) end me time, date end place,	end due to the o	euse(s) end menner es stated.					

NO SOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

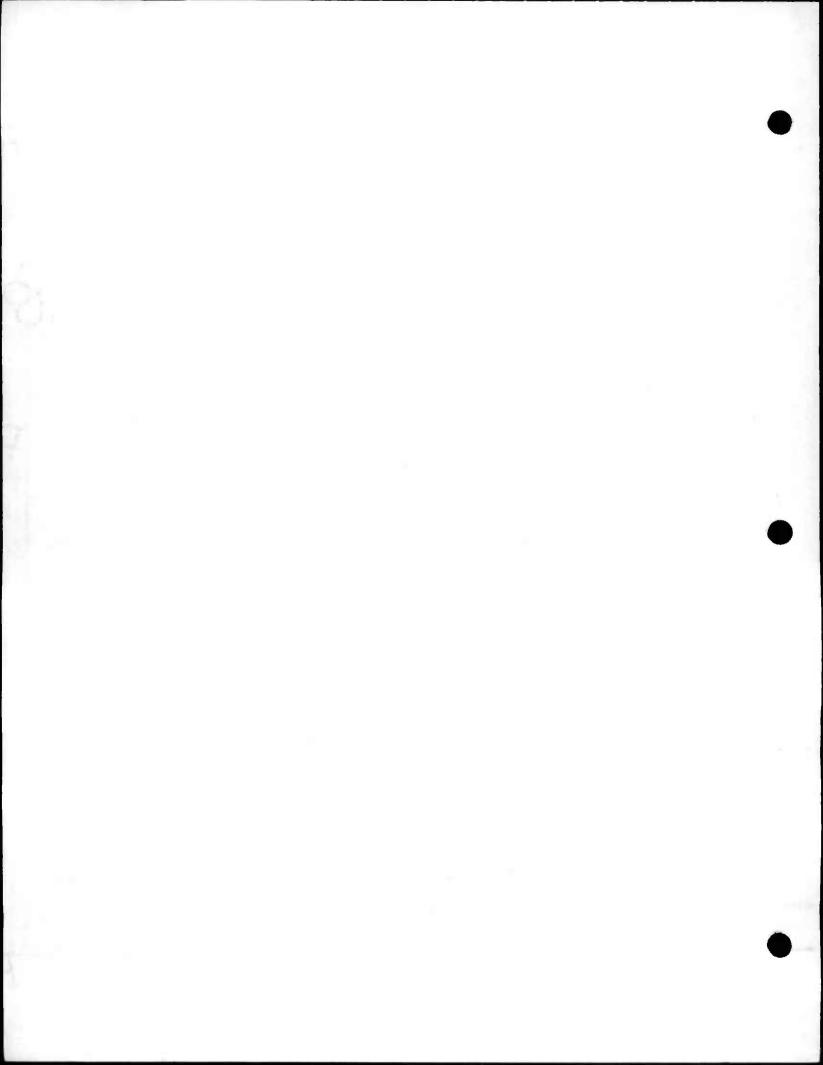


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within consider death. Page 6 may be relained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAI	ND / DEPAI CERTIF	RTMENT OF	HEALTH AND N	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) PHYLLIS	JOSEPHIN	E BUG	CKMAN		2. DATE OF DEATH MONTH DAY 10-11-91		IRA	OO P M			
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In	yrs. last birthdwy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-22-1926	C	ountry)	(State or Foreign			
	9e. FACILITY NAME (if not institution, give street a	nd number)		9b. CITY, TOWN	OR LOCATION OF OE		9c. COUNTY C	OF DEATH				
Œ	103 Wineland Way			Ster	ensville		Queer	Anne	County			
6	RESIDENCE OF DECEDENT						2					
RE	10a. STATE 10b. COUNTY			TY, TOWN OR LOC				ISIDE CITY IMITS?				
٥		ne County	St	tevensvi			1 TYES					
₹ I	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN	OF WHAT C	DUNTRY?			
ij	103 Wineland Way				21666			SA				
BY FUNERAL DIRECTOR	1 Never Married 2 Married	WAS DECEDENT EVER IN 1 FORCES? 1 \(\sum \) YES IF YES, GIVE WAR OR DAT	2 NO	If yes, o	CENDENT OF HISPAN specify Cuban, Mexical S 2 NO Specify	:		Black, White Specify:	arican Indian, , atc. hite			
	**		no			no	1		nrce			
COMPLETED	15. DECEDENT'S EOUCATIO (Specify only highest grade comp	(eted)	(Give kind of Ille. Do NOT	S USUAL OCCUPAT work done during r	nost of working	166, KIND OF BUS	INESS/INDUST	HT				
٦	Elementary/Secondary (0-12) Co	flega (1-4 or 5 +)	Homema			Federal	Court	Coaro	tarr			
M	17. FATHER'S NAME (First, Middle, Lest)		Homemo	rver	10 MOTHER'S NA	ME (First, Middle, Malden		Secre	cary			
	Leonard Mc Willi											
BE	19a. INFORMANT'S NAME (Type/Print)	allis	Top Mall In	C ADDRESS /Com.		ne Malded		ie)				
2	Kay Prouly	Daughter				ensville, M						
	20a, METHOD OF DISPOSITION				emetery, crematory or		CATION — City		ita			
	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		other place)	DOTTION (MEMO OF	or motory, or arrestory or							
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		7. 54	22. NAME	AND ADORESS OF FA	CILITY CONTO	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	W DOX	DD.			
	Ronald Wade, Dir 10-28-91 655 W. Baltimore St, Balto.MD 21201											
1	23. PART I. Enter the diseases, or comp			not anter the n	noda of dying, suc	h as cerdiac or respi	ratory arreat,		Approximate			
	ahock/or heart failure. List IMMEDIATE CAUSE (Final	only one cause on ee	ch lina.						interval Batwean Onset and Death			
	disease or condition	EMPHYS	EMA] :	20 YR			
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE	OF):								
z	C h											
5	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):								
CERTIFICATION	CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):				j				
EH	d.							<u> </u>				
1	PART II. Other aignificant conditions of	entributing to death bu	rt not resulting	g in the underly	ing ceuse given in	Part I. 24s. WAS AN			AUTOPSY FINDINGS			
CAL						PERFOR		COMF	ABLE PRIOR TO PLETION OF CAUSE			
MED							N. I		YES 2 NO			
≥						_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	neck only one)						
<u>S</u>	EXAMINER?	OSPITAL:	Mont 3 DOA	OTHER:	ome 5 Residence	6 Cher (Speciful						
47.5	27. MANNER OF DEATH	28a. DATE OF INJURY		IME OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO				
	1 Natural 5 Pending	(Month, Day, Year)	- 10		WORK? YES 2 NO							
BY	2 Accident Investigation	26e. PLACE OF INJURY	— Al home, farm	n, street, factory, o	ffice	26f. LOCATION (Street	and Number or I	Rural Route I	lumber,			
E C	3 Suicide 6 Could not be building, etc. (Specify) Let 4 Homicide determined											
	29a. CERTIFIER	t. Yo the heat of my broad	adas daeth ass	and at the time of	late and place and div	to the enverted and me	ones ee stated					
COMPLETED	29s. CERTIFIER 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.											
00	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
38 C	arn Eleasion	MD L	TC MO			2329 USA	▶ 10	/18	191			
5	30. NAME AND ADDRESS OF PERSON WHO C				Dul Dies	an Com M	ach Do	, 2020	17_5001			
	DR. ARN ELIASSON 31. DATE FILEDY (Marilly Day, 1/20)	Walter F		PhrrqT'	Ful Disea	se Serv.Wa	אלו יוופי	2030	77-3001			
	31. DATE FILE (CT 2 9 1991	Freha Douget	n-Rando	684								



3. TIME OF DEATH

8:40

AM

1, 2, 3 should

permit. Pages

Durial-transit

6

BALTIMORE, MARYLAND 21215-0020

the hospital or attending physician. 25 950 à detached ä W 24 hours after death. Page 6 may be retained by notified page 5 should 8 must director examiner 2 medical filled in by T å completely death certificate be executed within event, Orient buriat, traumatic pur physician prior other Hygiene grapheng 6 the atte injury. requires that the Health and H shows Deer 1 Dept. The law o certificate h H L OR ATTENDING PHYSICIAN: The CONFICATE TO STATE that this conficate thous after death with the State item 28 is marked, or liter

BOX 68760,

RECORDS, P.O.

DIVISION OF VITAL

1 -1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 220-01-4469 Se. FACILITY NAME (If not institution, give street and number) MARYLAND 10s. STREET AND NUMBER 11. MARITAL STATUS 1 Meyer Married 2 Married 3 Widowed 4 X Divorced Elementary/Secondary (6-12)

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BUSSEY 6. AGE (to you test birthday)

7. DATE OF BIRTH (Month, Day, Must IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS

96. CITY, TOWN OR LOCATION OF DEATH

21122

BALTIMORE

91 24 8. BIRTHPLACE (State or Foreign 8-23-19

MARYLAND DE COUNTY OF BEATH

U.S.A.

HARBOR HOSPITAL CENTER RESIDENCE OF DECEDENT

S. BEX

ANNE ARUNDEL

0

1 X M 2 | F

ALBERT

IDC. CITY, TOWN OR LOCATION PASADENA

YRS.

T YES 2 X NO 10f. ZIP CODE

REG NO

2. DATE OF DEATH

10

18g. CITIZEN OF WHAT COUNTRY?

8424 MARYLAND RD

12. WAS DECEDENT EVER IN U.S. &BMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES

FREDRICK

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Mexican, Puerto Ric 1 T VES 2 NO Specify:

14. RACE — American Indian, Black, White, etc. Specify WHITE

15. DECEDENT'S EDUCATION (Specify only highest grade completed)

16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT: use retired.) College (1-4 or 5+) MAINTENANCE

16b. KIND OF BUSINESS/INDUSTRY HOWARD COUNTY BD.

OF EDUCATION

17. FATHER'S NAME (First, Michille, Land)

EVA LENCH

TE. MOTHER'S HAME (First, Michile, Malclan Surname)

OTTO WILLIAM BUSSEY

19s. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Town, Street, Zip Cooks)

MARY E. CARTER

8424 MARYLAND RD. PASADENA, MD 21122 DATE 20c, LOCATION - City or Town, State

IGN. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 R

206. PLACE AND DATE OF DISPOSITION /Name of

MEADOWRIDGE MEMORIAL PARK 10-28 ELKRIDGE, MD

21. SIGNATURE OF FUNERAL SARVICE LICENSEE

SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART II. Erser the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

bock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)

S & P S I S DUE TO (ON AS A CONSEQUENCE OF)

20 cedemia tool DUE TO (OR AS A CONSEQUENCE OF):

OPD

DUE TO (OR AS A CONSEQUENCE OF): Asystole

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

Sequentially list conditions.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Approximate

Interval Between

Onset and Death

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

6 Could not be determined

t ☐ YES 2 ☐ NO

27. MANNER OF DEATH

1 Natural

2 Accident 3 Suicide

4 🗌 Homicide

HOSPITAL OTHER: Y C Inpatient 2 C ER/Outpatient 3 C DOA

26. PLACE OF DEATH (Check only one) me 5 🗆 Residence 6 🗀 Other (Specify)

26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Years, State)

29s. CERTIFIER OF CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as etabed. (Check only one) 2 MEDICAL EXAMINER: On the

nation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CENTIFIES 20d. DATE SIGNED (MINIT, Only, 1961) 29s. LICENSE NUM

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Kevin

K Kevic AZA OCT 29 1991

whia Davidson-Randall

FUNERAL C within 72 h STANT: II I

HOSPITAL. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT. II

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2

1991

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

212-01-4164

Dorothy

Amelia

t - M 2 XF

5. SEX

DIRECTOR						TOWN OR LO				COUNTY C	
			, Apt. M		Co	ockeys	ville			Baltimore	
ן ק	RESIDENCE OF DE	tob. COUN	TY	100	CITY, TOWN O	OR LOCATION					tod, INSI
Ĕ	Maryland		timore		ockey						LIMI
	10e. STREET AND NUMBE		cilioi e	10	ockey.	10f. ZIP	CODE		1 *0.	- CITIZEN	OF WHAT COU
LONEUAL			ce, Apt. M				1030		101	USA	
	tt. MARITAL STATUS	ve ria	12. WAS DECEDENT EVER	DINITIO ADMICO	Local			0010110			RACE — Ameri
	t Never Married 2 3 Wildowed 4 Di		FORCES? 1 YE	YES 2 X NO If yes, specify Cuban, Mexica					can, Puerto Rican, etc.) Black		
	15. OE (Specify o	ECEDENT'S EO	UCATION le completed)	16a. DECEDEN		CCUPATION during most of v	vorkina	16b. KII	ND OF BUSINES	SS/INDUSTF	RY
COMPLE	Elementary/Secondary	(0-12)	College (1-4 or 5 +)	Ille. Do NO	Clerical In:						0.
	17. FATHER'S NAME (First,	Middle, Last)		18. MOTHER'S NAME (First, Middle, Meiden Surneme)							
	Harry La	ang		Marie Martena							
	19s. INFORMANT'S NAME	(Type/Print)		19b. MAIL	ING ADDRESS	S (Street and Nu	mber or Rural Ro	ute Number,	City or Town, Sta	tete, Zip Code	e)
198. INFORMANT'S NAME (Type/Print) Dixon Woolford 128 Aylesbury Rd.,								Timor	nium A	Md 2	21093
1	20a. METHOD OF OISPOS			20b. PLACE AND D	ATE OF DISP	OSITION (Nam		DATE			or Town, State
1	1 X Buriel 2 Cremet 4 Donation 5 Dith		moval from State	Wester	Cem	eterv		1	Ralt	imore	e. Md.
١	21. SIGNATURE OF FUNE			500			DRESS OF FACI	LITY	Dait	HILLIAN	IVICL
	. /	Law	most of	mon	1	emmon	-Mitche	ell-Wie	edefelo	d	
╝	16	Low	ell M. Lemm	on	10	W. Pa	donia	Rd.,	Timon	nium,	Md.
		heert fellure	a. List only one cause or		ne	ASC	dying, auch	aa cerdied	c or respireto	ory arrest,	in
	ahock, or IMMEDIATE CAUSE (F disease or condition	ditions, nediate LYING niury	a. List only one cause or a full to join A DUE TO JOH A	Jense	E OF):	ASC	d dying, such	aa cerdiec	c or respireto	ory arrest,	in
	ahock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if arry, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ditions, nedlate LYING njury	a. List only one cause or a full to join A DUE TO JOH A	A CONSEQUENCE	E OF):	AS	No Constitution of the Con	art 1. 24	4a. WAS AN AUTPERFORMED YES 2	ropsy D?	2/4b. WERE AL AWAILABI COMPLE OF DEAT
	ahock, or iMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentielly liet condition if any, leading to immicause. Enter UNDERIL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are supported by the significant in the	ditions, nedlate LYING njury	a. List only one cause or a four to for A DUE TO for A	A CONSEQUENCE	E OF):	AS.	No Constitution of the Con	rart I. 24	4e. WAS AN AUT PERFORMED	ropsy D?	24b. WERE AL AMAILABI COMPLE OF DEAT
	ahock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations 25. WAS CASE BEFERRED EXAMILIER?	ditions, nedlate LYING njury	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE S A CONSEQUENCE The but not resulting	E OF):	AS nderlying centre 26. PLACE	use given in P	art I. 24	4e. WAS AN AUT PERFORMED YES 2	ropsy D?	24b. WERE AL AMAILABI COMPLE OF DEAT
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whia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS

Busselle

8. AGE (In yrs. last birthday)

86

29318

Maryland

t4. RACE — American Indian, Black, White, atc.

Specify: White

9c. COUNTY OF DEATH **Baltimore**

tog. CITIZEN OF WHAT COUNTRY? USA

21093 Approximate interval Between Onset and Death

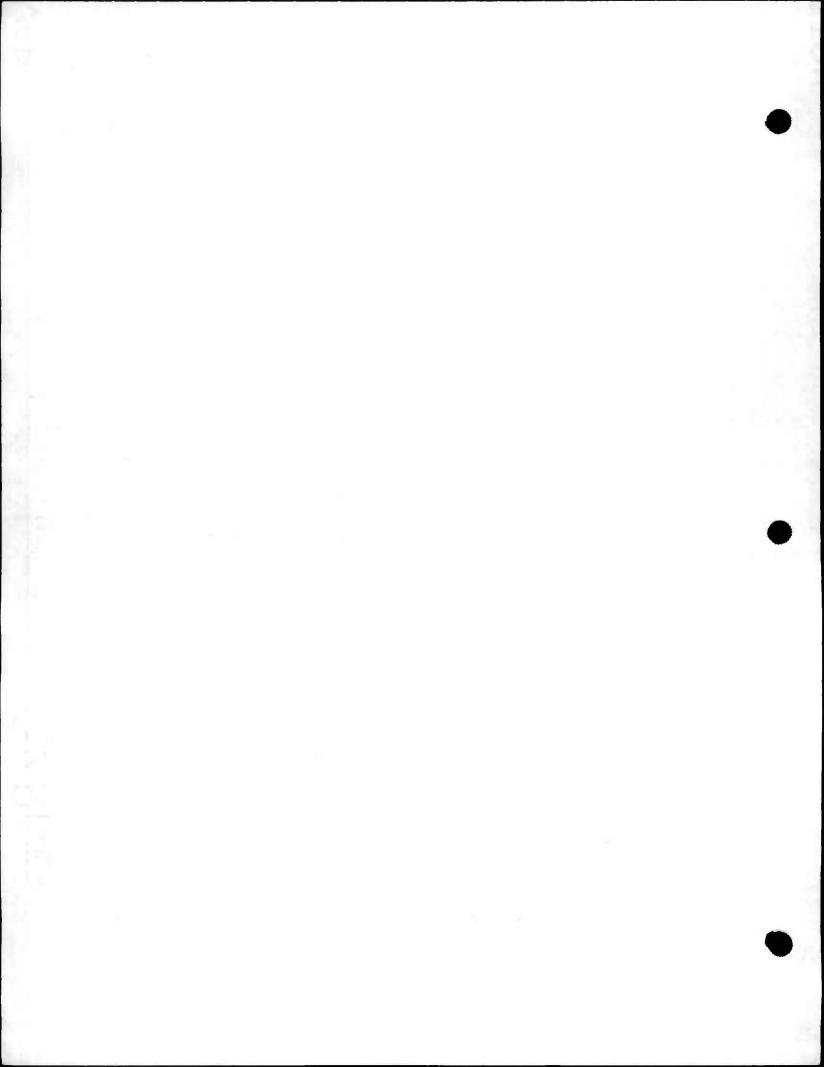
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

7. DATE OF BIRTH
(Month, Day, Year)
August 8 1905

3. TIME OF DEATH 100

tod. INSIDE CITY 1 YES 2 X NO

093



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	1 - STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR	RTMENT	OF H	DEA	AND		HYGIEN	_			
	1. DECEDENT'S NAME (First, Julia		ison		rton					2. DATE OF MONTH OCt.	DEATH	AV	991	3. TIME OF	
	4. SOCIAL SECURITY NUMB 218-22-1869)	5. SEX	6. AGE (In yrs. Ia. 86		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, I	BIRTH Day, Year)		9. BIRTH Country	PLACE (Sie	e or Foreign
TOR	North Oa	ks Nu		ome	9b. CITY, TOWN OR LOCATION OF DEATH PIKESVIIIE							9c. COUNTY OF DEATH Baltimore			
DIRECTOR	Maryland	10ь. county Baltim				ry, town or location kesville								10d. INSIO LIMIT 1 YES	3?
FUNERAL		725 Mt. Wilson Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR						. ZIP COD	21	208			USA	HAT COUN	RY?
COMPLETED BY FU	1 Never Married 2 1 3 Widowed 4 Divor	MED O		f yes, spe	ENDENT C Helfy Cubii 2 X NO	n. Mexica	NC ORIGIN? (in, Punto Ric y:	Specify Yes	or No-	14. RACE Black Specif	— America , White, etc y: Wh	n Indien, lite			
	15. OECE (Specify only Elementary/Secondary (0-	Do NOT us	work done during most of working use retired.)						BUSINESS/INOUSTRY						
BE CO	17. FATHER'S NAME (First, Middle, Last) Richard Benton Burton 18. MOTHER'S NAME (First, Middle, Melden Surname) Mollie M. Boldridge														
10	190. INFORMANT'S NAME (TV Michael N.	19	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 8487 Summer Breeze Lane, Springfield, Va. 22								22153				
	20a. METHOD OF DISPOSITION 1														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Martin D. Lawson 22. NAME AND AGORESS OF FACILITY Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd. Timonium Md. 21092												1003		
	23. PART I. Enter the disabook, or he iMMEDIATE CAUSE (Fine disease or condition resulting in death)	ent isiture. L	alent	e MA	-	ot sntsr	ths mod	is of dyi	ng, aucl	h aa cardiso	or respi	ratory srr	reat,	Appr	oximats /si Bstween t and Dsath
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
CERI	resulting in dasth) LAST d														

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 N 3 DOA 27. MANNER OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED

1 Netural 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29e. CERTIFIER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. OATE SIGNEO (Month, Day, Year) 123 992 10

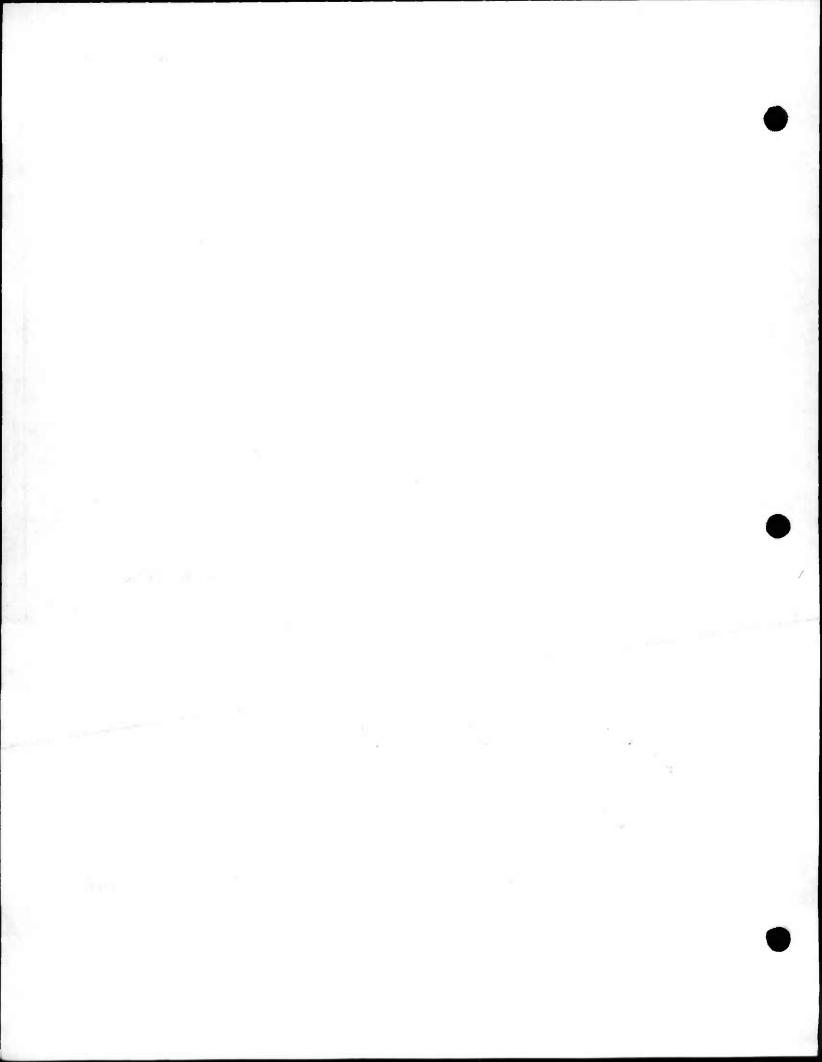
David John Penn, M.D.

3635 Old Court Rd., Pikesville,

31. DATE FILEO (Month, Day, Year) OCT 29 199

296. SIGNATURE AND TITLE OF CERTIFIE

32. REGISTRAR'S SIGNATURE



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	((Ę)
The second of th	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit when the state Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

should

FUNERAL

ВY

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CERTIFICATION

MEDICAL

PHYSICIAN:

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31. DATE FILED (Marth, Day, Yo. Que 2 9

9"1991

91 29320 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH A51 132PH 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 7. DATE OF BIRTH (Month, Day, Year t birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign -26-C 1 N 2 D F DAYS HOURS Bluemount, Va 224-12-2870 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Mont 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington L YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 850 21st St NE #6 20002 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Bleck, White, stc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify Spec Black 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY

9s. FACILITY NAME (If not institution, give street DIRECTOR RESIDENCE OF DECEDENT DC 10e. STREET AND NUMBER 11. MARITAL STATUS 1 🖾 Never Married 2 🗌 Married 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (Elementary None Handyman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Crane Basil Nellie Warner 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Wyatt Same as 10a,b,c,d,e&f 20s. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 XBurisi 2 Cremetion 3 Removal from State Harmony Memorial Park Landover, Md 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY John T Rhines Co., Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE uan 3015 12th St NE, DC 20017 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ock, or heert feliure. List only one cause on Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition_ Cardiac reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): teriosclerosia CORDMANN Sequentielly liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS mellitus AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 X NO Soul Footen 1 YES 2 NO B 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 TES 2 XNO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as attated. 29s. CERTIFIER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFULA 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) polono 242800 10-23-91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

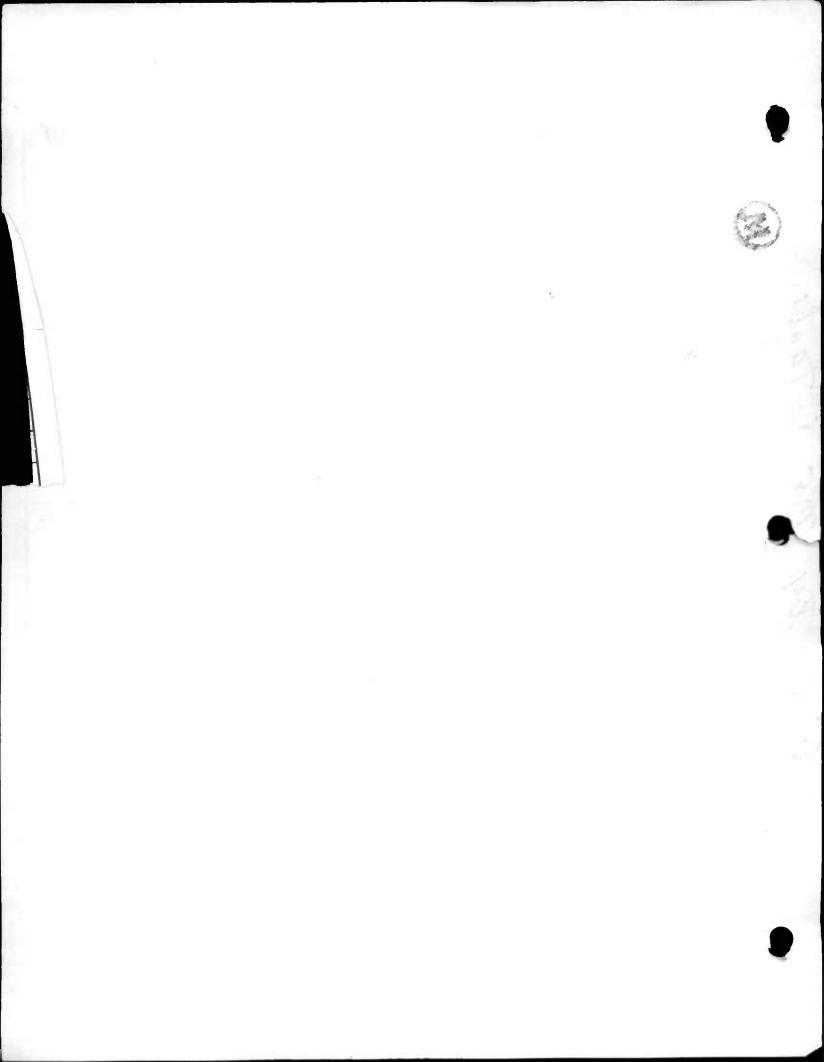
8218 WISCONSIN

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exam	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
<u>a</u>	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer
r death.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
MAL	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALT

	1 - STATE OF I	MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last)										
0	4. SOCIAL SECURITY NUMBER -14-0255 1 M 2 F	88 YRS. M	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3 9	IRTHPLACE (State or Foreign bunty).						
DIRECTOR	SINAI HOSP. OF BAL	SINAI HOSP. OF BALTO. SINAI HOSP. OF BALTO. SALTIMORE (If not institution, give street and number) SINAI HOSP. OF BALTO.										
	10a. STATE 10b. COUNTY	10c. CITY,	BALTIMOR	E		10d. INSIDE CITY LIMITS? 1 XYES 2 NO						
FUNERAL	2821 BAKER ST.		10f. ZIP COOE 2/2/	6		OF WHÁT COUNTRY?						
BY	11. MARHITAL STATUS 1 Never Merried 2 Merried FORCES? 1 35 Widowed 4 Divorced IF YES, OIVE V		13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 NO Specify NO	en, Puerto Ricen, atc.)	ORIGIN? (Specify Yee or No- uerto Ricen, atc.) 14. RACE — American Indien, Black, White, atc. Specify: BLACK							
TO BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	16a. DECEOENT'S US (Give kind of wor life. Do NOT use i HOUSE	k done during most of working retired.)	16b. KIND OF BU	SINESS/INDUSTE	ry .						
	17. FATNER'S NAME (First, Middle, Last) CHARLES BYRD		ELLE		HARR							
10	190. INFORMANT'S NAME (Type/Print) FERNELL PERKINS	2818	BAKER STREE			MD. 21216						
	20e. METNOD OF OISPOSITION Burist 2 Cremetton 3 Removal from State Donation 5 Other (Specify)	20b. PLACE ANODATE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMMETCE OF COMME	S MEM. PK.	BAI	CATION — CITY O	E, MD.						
2	21. SIGNATURE OF FUNERAL SERVICE LICENSEE #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281 #281											
ION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
ED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to RENAL PAILURE UKINARY TRACT IN	PERFOR	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH! 1 YES 2									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO											
	27. MANNER OF DEATN 1 Natural 5 Pending (Month, Did Accident Investigation	INJURY 28b, TIME C	F 28c, INJURY AT	28d. DESCRIBE NOW II	NJURY OCCURE							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Partle Oten MD	29c. LICENSE NU										
		P. SI NA	HOSP, UF	BALTIM	ORE							
	OGT 2.9 1941 da	En Navident Duc	201									

** any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME	"harles	MEIN	iN	Carr	- S	e.			2. DAT MON		DAY _ (981	3. TIME OF DEATH	
4. SOCIAL SECURITY 578-60-2		5. SEX	6. AGE (In yrs	lest birthday	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE	of BIRTH oth, Day, Year) -25-45		Rale	HPLACE (State or Foreign ry) Eigh, NC	
90. FACILITY NAME (II		street and number)				v, town o	DR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D		
10a. STATE						10c. CITY, TOWN OR LOCATION Clyenery								
100. STREET AND NUM		Drive			101. ZIP CODE 20747				10g. CITIZEN OF				1 A YES 2 NO	
11. MARITAL STATUS 1 Never Married 3 Wildowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or						ea or No-	or No— 14. RACE — American Indian, Black, White, atc. Specify: Black		
(Special Elementary/Second 12th	DECEDENT'S EDU ify only highest grade lary (0-12)	CATION completed) College (1-4 or 5	+)	Give kind of life. Do NOT complo	work done use retired.)	during mo	ON est of worlding	g	16	b. KIND OF B	ISINESS/INDUSTRY			
17. FATHER'S NAME (FI			101	rempro	yeu		18, MOTI	IER'S NA	ME (First,	Middle, Malde	n Sumame)			
Perrin Ju		rr						a M						
Dora W. (nber, City or To			77.7	
20a. METHOD OF DISP	OSITION	noval from State	20b. PLA cemetery, Har	CEANDDATE	OF DISPOS	SITION /Na	ment		DA	TE 20c. L	OCATION —	City or To	own, Stata	
Buriel 2 Cremeton 3 Removal from State Donation 5 Other (Specify) Harmony Memorial Park 10/30 Landover, MD 11. SECNATURE OF PUNERAL SERVICE LICENSEE											rin			
23. PART I. Phor I	ul.	Re	nel	4	1	66	1	Sa	20	246	5	DI.	St hast	
23. PART I. Enter ti ehock, iMMEDIATE CAUSE disease or condition resulting in death)	he diseasea, or or heart failure.	. He	t caused the use on each to make the control of the	A.	not enter	66	1	Sa	20	diec or real	Piratory err	eat,		
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iMMEDIATE CAUSE disease or condition resulting in death) Sequentially liet colif eny, leeding to incause. Enter UNDE CAUSE (Disease or thet initieted event resulting in deeth) PART II. Other align 25. WAS CASE REFERR EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	he diseases, or or heart failure. E (Final on	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. PLACE OF (Month, D. 28e. PLACE OF building, CIAN: To the best of as:	(OR AS A CON (OR AS A CON (OR AS A CON ER/Outpetlant INJURY y, 'ber') F INJURY — At atc. (Specify)	SEQUENCE C S SEQUENCE C S SEQUENCE C S SEQUE	OFF): OFF): OTHEL 4 Nur ME OF JUHY M street, fact	26. PL R: sing Hom 20. INJI WOI 1 Utory, office	ACE OF DI ACE OF DI BY AT RK? and place,	ng, aucl	Part I. Part I. 28d. DE 28t. LOC City to the car lime, deta	24e. WAS AI PERFO 1 YES If (Specify) SCRIBE HOW ATION (Street or Town, State use(a) and ma	N AUTOPSY RMED? 2 NO INJURY OCC and Number	24b. SURED or Rurel R ed. e cause(a)	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	



YEAR

3. TIME OF DEATH

REG. NO

2. DATE OF GEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

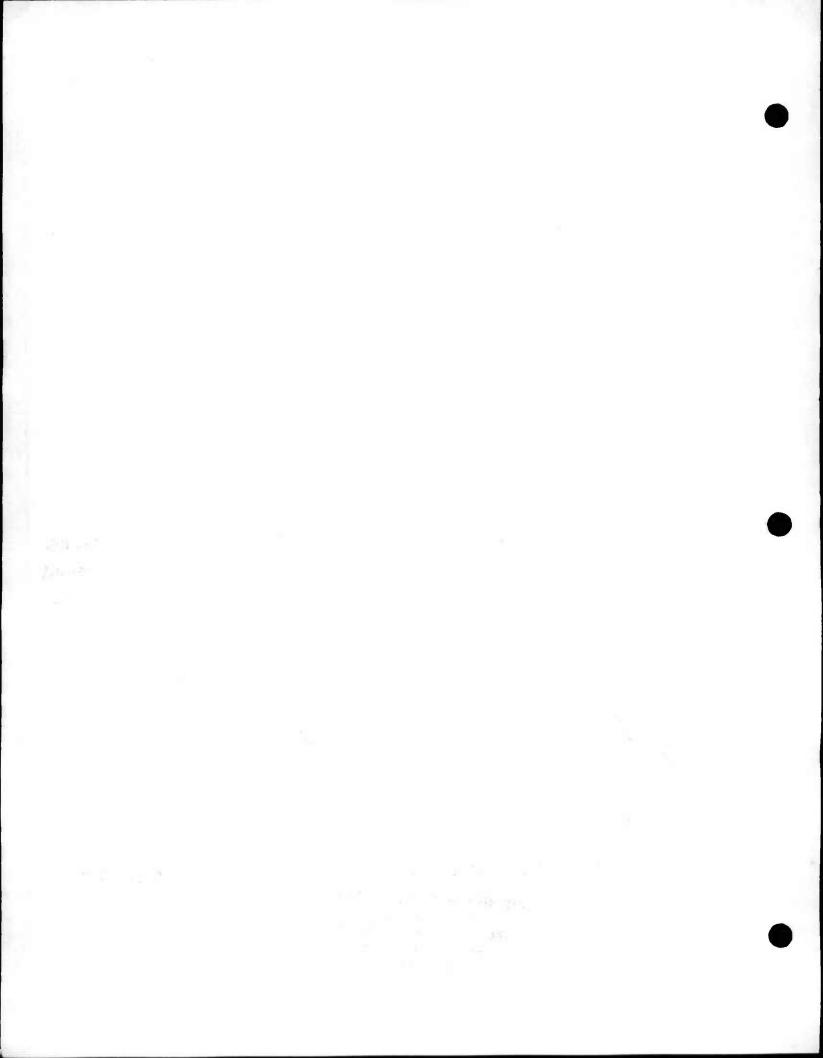
Catherine M. Crossont 1991 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 27 F DAYS HOUR 72 212 07 6848 11/16/1918 Maryland rmit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 2707 Huron Street City Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2707 Huron Street burial-transit 21230 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Pueno Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 TES 2 7 NO 84 Specify: Specify 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Assembly Line Glass Factory 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Ħ BE Gustav Berner Margaret notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Diane Serio 304 Hickory Point Road Pasadena, Maryland 21122 be 20e. METNOD OF DISPOSITION
10 Burlet 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must Donetion 5 - Other (Specify) Glen Memorial Park Haven 10/26 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 8 Lekaro 4001 Ritchie Hwy. Baltimore, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert feilure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** the disease or condition Terminal carcinoma Weeks resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Metastatic CERTIFICATION ouns Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING this certificate has been signed by the attending physician i with the State Dept. of Health and Mental Hygiene prior to irised, or Item 23 shows any Injury, or other traum Advances leans CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART il. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REPERVIED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one, HOSPITAL: 1 YES 2 NO OTHER 1 Inpatient 2 ER/Outpatient 3 DOA 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation DIRECTOR: After the hours after death w BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY -- At home, farm, street, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Nomicide If Item 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. FUNERAL I 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death MPORTANT: 29b. SIGNATURE A TITLE OF CERTIFI 29c. LICENSE NUMBER THE Delt BE 29d. DATE SIGNED (Month, Day, Year) .00020 Der. 25.1991 2 8 2 30. NAME AND ADDRESS OF PERSON NO COMPLETED 32. REGISTRA SEMATIVAL LICENS AVE 31. DATE FILED (Month, Day, Year) BALTIMORE, MD. 21223 Lelia Devitar 29 1991 PHONE 947 7565

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

AA23-31015

OHMH-16 Rev 1/89



	1 - FOR STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR				MENTAL	HYGIEN REG. NO		2	9324				
	1. DECEDENT'S NAME (First Middle, Last)							2. DATE O				3. TIME OF DEATH				
				AMELDA	C. CO	STELLO)	OCTOBER 26,19			YEAR	1:00 P. M				
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE O		U, 195		LACE (State or Foreign				
	213-05-9865	1 □ M 2XXF	86	YRS.	MONTHS DA		_	(Month,	Day, Yoar) 1, 1	905	Country) MARY					
_	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TO	WN OR LOCAT	TION OF DE	EATH		9c. COUN	NTY OF DE	ATH				
DIRECTOR	ST. AGNES HOSPITAL BALTIMORE															
) W	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR L	OCATION					T	IOd. INSIDE CITY				
	MARYLAND BA	ALTIMORE			CATON	SVILLE				LIMITS?						
FUNERAL	The state of the s			10f. ZIP CO	DE			ZEN OF WH	IAT COUNTRY?							
9	711 ACADEMY ROAD					21	228			U	J.S.A					
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	I.S. ARMED	13. WAS	DECENDENT	OF HISPAN	VIC ORIGIN?	(Specify Yes	or No-	14. RACE -	- American Indian,				
	1 X Yever Married 2 Married	FORCES? 1	AR OR DATE	2 X XNO ES	If yes	YES ZXXNO	en, Maxica	n, Puarto Rican, etc.)			Black, White, etc. Specify:					
ВУ	3 Wildowed 4 Divorced					'AAA	Ороспу	r:			WHITE					
ED	15. DECEDENT'S EDUC	CATION	1	Sa. DECEDENT'S	USUAL OCCU	PATION		16b, F	UND OF BU	SINESS/IND	USTRY					
E	(Specify only highest grade Elementary/Secondary (8-12)	College (1-4 or 5	,	(Give kind of a	work done during retired.)	g most of work	ing									
7	3	3	'	BUSINES	SS MANA	AGER		PR	ICE C	0.						
COMPLET	17. FATHER'S NAME (First, Middle, Last)															
	THOMAS PATRICK CO	CMETTO				18. MOT		ME (First, Mic		Sumame)						
BE		STELLO						IE PF								
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet and Numbe	er or Rural P	Route Numbe	City or Tow	n, State, Zip	Code)					
15	CARMELLA SWARTZ			511 S	CAMFOR	ROAD	. BALT	TIMORI	E. MAR	YI.AND	21	229				
	20a. METHOD OF DISPOSITION		20b. PI	LACE AND DATE O			,	DATE	7	CATION —	-					
1 1	XX Burial 2 Cremetion 3 Remo	oval from Stata	cemete N F L	V CATHE	ther place)	M DODED	37 16	1 -1111-								
1 1	21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	LILLEY	V CAIRE		E AND ADDRE		0/28/91	LIBAL	TIMOR	E, MA	RYLAND				
1 1	120:		/						C LI	TTTVE	ואוזים	ERAL HOMES				
	K Ciain	Withe	A													
	23. PART I. Enter the diseases, pr c		"	he deeth Do n	nt enter the	mode of de	INDSOL	N AVE	NUE, C.	ATUNS	VILLI	E,MD.21228				
()	shock, or heart fellure. I	Liat Dnly Dne ceu	se Dn eecl	h line.	or ontor the	mode or uj	ynig, aucr	aa cerdia	ic or reepi	ratory arre	eat,	Approximate interval Between				
1 1	IMMEDIATE CAUSE (Fins) disease or condition Onsat and Death															
	resulting in deeth)	1111	mur	Low	Role	ua	-									
	DUE TO (OR AS A CONSEQUENCE OF):															
Z																
CERTIFICATION	Sequentially list conditiona, it sny, leading to immediate	DUE TO	(OR AS A CO	ONSEQUENCE OF	7):											
3	CAUSE (Disease or Injury															
正	thet initiated events	DUE TO	OR AS A CO	ONSEQUENCE OF	7:							+				
E	resulting in death) LAST															
B	d.															
AL.	PART II. Other eigniticent conditions	contributing to	death but	not resulting i	n the under	ying cause	given in i	Pert I. 2	4a. WAS AN		24b. W	FRE AUTOPSY FINDINGS				
									PERFOR			MAILABLE PRIOR TO DMPLETION OF CAUSE				
MEDIC								— ¹	YES 2	□ NO		F DEATN?				
											1	YES 2 NO				
Z																
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOS DITAL: 26. PLACE OF DEATH (Check only one)															
S	1 TES 2 NO	HOSPITAL:	ER/Outpatie	ent 3 DOA	OTHER:	forme 5 🗆 R	asidence i	8 🗆 Other /	Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	F OF 28c	INJURY AT				NURY OCC	URED					
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?															
ВУ	2 Accrosm 28a. PLACE OF INJURY — At home, farm, streat, factory, office 28t. I OCATION /Street and Mumber or Quest Double Mumber of Sure Double Mumber o															
유	3 Usutcide 8 Could not be detarmined 288. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 289. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State)															
COMPLETED																
급	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.															
Σ	orie) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.															
0 1	286 SIGNATURE AND TITLE OF CENTURE															
	29b. SIGNATURE AND TITLE OF CERTIFIED	29d. DATE SIGNED (Month, Day, Year)										fouth Clay Month				
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	00.00	0 0	NA				VINCENTO GRIPPO MD								
BE	VINCENTO	GRIPP	0	an						10	1/21	5/9/				
ш	30. NAME AND ADDRESS OF PERSON WHO			(ITEM 27) (Type,	Print)					► 10	1/21	5/9/				
BE	30. NAME AND ADDRESS OF PERSON WHO		O O O DEATH	TID H (ITEM 27) (Type, AVE	Print) S. A.		belt	i'us u	و ۱۳	► 10 D 2	122	5/9/				

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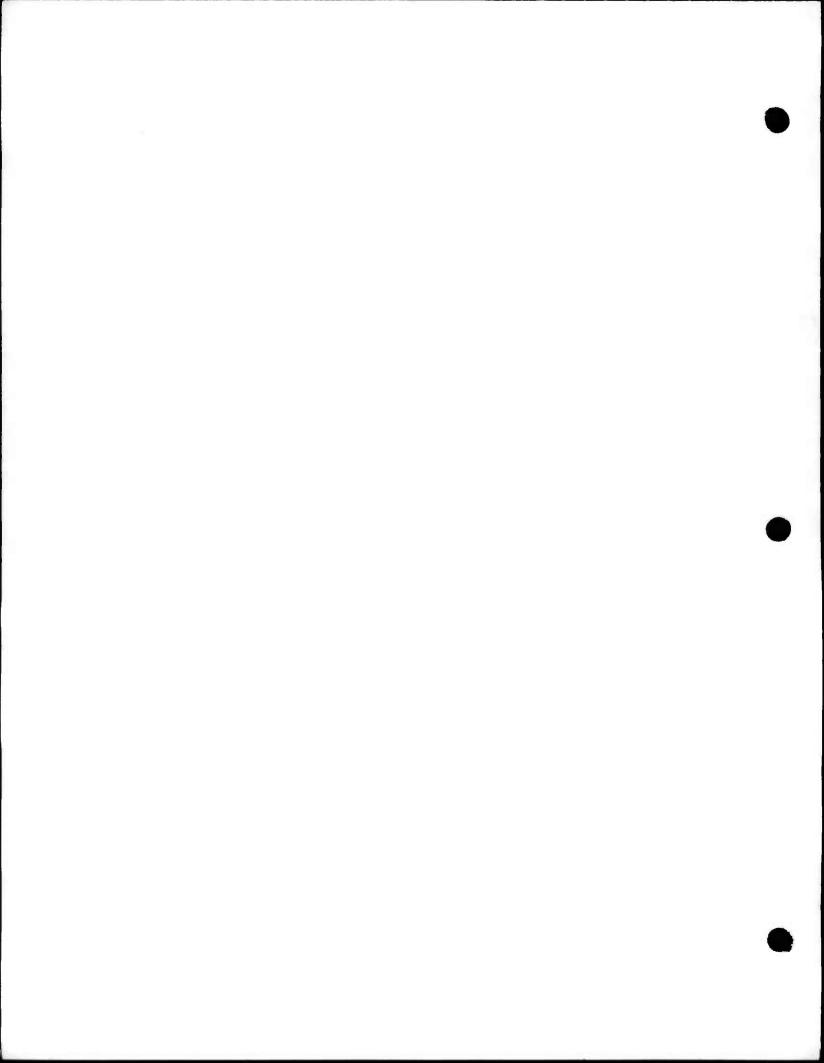
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	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2-curs after of	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1	
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	REGISTRAR		CERTIFIC		DEATH AND ME	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last, BERNAR)	J. CO		MD		DATE OF DEATH DAY	2 91	4-AM "
	4. SOCIAL SECURITY NUMBER 220-44-2754 9a. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	88 YRS.	ONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN. 7. PR LOCATION OF DEATI	AUG. 18,	Co	RTHPLACE (State or Foreign unity) MARYLAND
TOR	KESWIC	NURSING			TIMO		30. COOKI I O	T DEATH
DIRECTOR	MARYLAND 106. COUN	тү	10c. CITY, 1	BALTI	MORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4000 N. CHARLES				212		U	JSA
B≼	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes, sp-	ENDENT OF HISPANIC celly Cuban, Mexican, F		В	IACE — American Indian, Black, Whita, atc. Specify: WHITE
LETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use if PHYSI	k done during mo retired.)		16b. KIND OF BUSI	NESS/INDUSTR	IY
COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIAM COHEN			-		(First, Middle, Maiden S		RG
TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Rou			
	MRS - RUTH COHEN 20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Re 11 Donetion 5 Other (Specify)	moval from State	20b. PLACE OF DISPOSIT other place)	ION (Name of cer		20c. LOC	ATION — City o	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	BALTIMORE	22. NAME AT	ND ADORESS OF FACIL LEVINSON REISTERSTY	N & BROS,		
	23. PART I. Enter the disesses, o shock, or heart fellure		used the death. Do not					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. adra					atory arrest,	
	disesse or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING	a. DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF):	sinson			atory arrest,	Approximate Interval Betwesn Onset and Dasth
ERTIFICATION	disesse or condition resulting in death) Sequentielly liet conditions, if sny, leading to immediate	a. DUE TO (OR DUE TO (OR	on each lina. COL POVI AS A CONSEQUENCE OF):	sinson			atory arrest,	Interval Between
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PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR d	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underlyin 28,P OTHER: Privating Hon OF 28c. IN. W 1	g csuse given in Pa	only one)	AUTOPSY MED?	Interval Betwesn Onset and Dasth 24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diesse or injury thet initieted events resulting in death) LAST PART II. Other significant conditions and the initieted events resulting in death) LAST PART II. Other significant conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial conditions are significant conditions. It is a significant condition in the initial condition in the initial conditions are significant conditions. It is a significant condition in the initial c	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underlyin 28,P OTHER: Privating Hon OF 28c. IN. W 1	g csuse given in Pa	only one)	AUTOPSY MED?	Interval Between Onset and Dasth 24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly liet conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST PART II. Other significant conditions and investigations. In the significant conditions are sent to the significant conditions and investigations. In the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant condit	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. Ons contributing to dea HOSPITAL: 1 Inpetient 2 ER (Month, Day, Y De 26a. PLACE OF IN building, atc.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underlyin 28, Pl THER: S'Nursing Hon OF W M 1 eet, factory, office at the time, date	g cause given in Pa LACE OF DEATH (Check ne 5 Raaldenca 6 JURY AT JURY AT JURY 2 NO ce 2	only one) Other (Specify) Bd. DESCRIBE HOW IN 61. LOCATION (Street a City or Rown, State)	AUTOPSY MED? JURY OCCURE and Number or Re	Interval Between Onset and Dasth 24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly liet conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST PART II. Other significant conditions and investigations. In the significant conditions are sent to the significant conditions and investigations. In the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant conditions are sent to the significant conditions. In the significant conditions are sent to the significant condit	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underlyin 28_Pl Thursing Hon OF 28c. IN. W M 1 □ set, factory, office at the time, date, in my opinion, of	g cause given in Pa LACE OF DEATH (Check ne 5 Raaldenca 6 JURY AT JURY AT JURY 2 NO ce 2	only one) Other (Specify) 8d. DESCRIBE HOW IN City or Town, State) the cause(a) and manner, date and place, and	AUTOPSY MED? AJURY OCCURE and Number or Richard as stated. d due to the cau	Interval Betwesn Onset and Dasth 24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO

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TO WIDING PHYSICIAN: The law requires that the death certificate be executed within works after death. Page 6 may be retained by the hospital or attending physician.

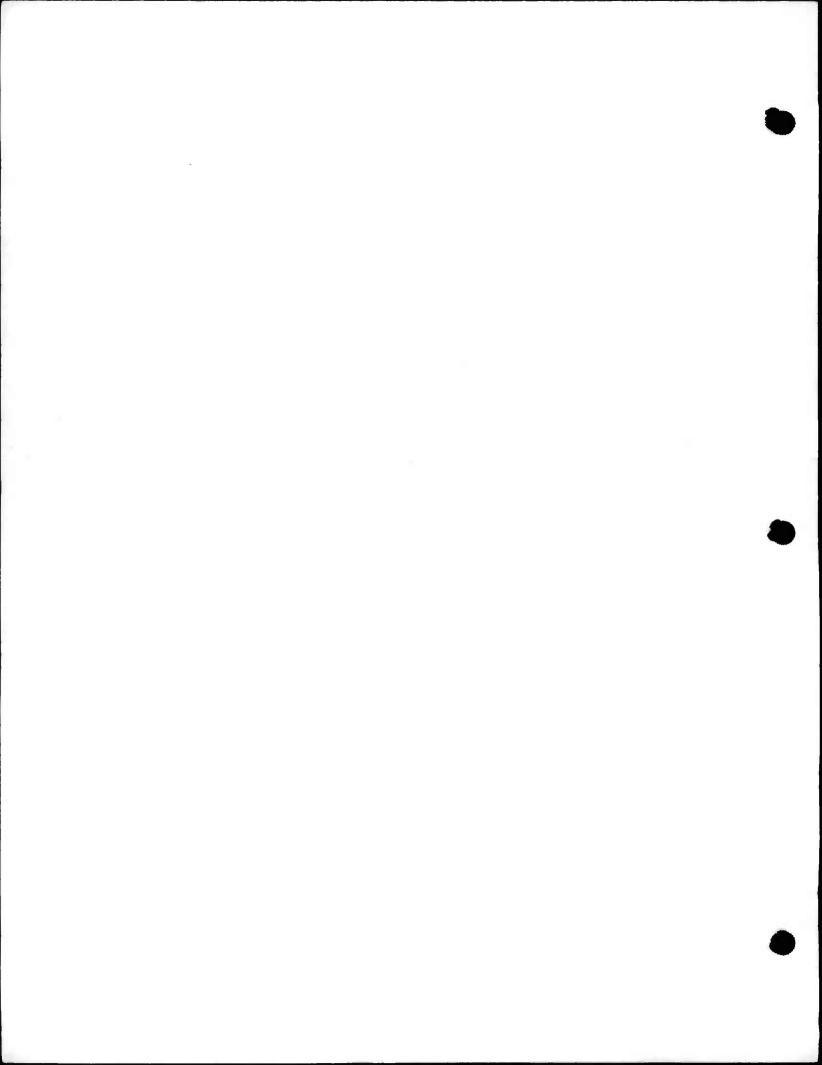
The this carificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
CERTIFICATE OF DEATH REG. NO.						O.			

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29326

•	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 / 29326 CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 9 91 3:15 G M
j	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs lest birthday) 1 (IR M 2 F THE STATE F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 F THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (Morth, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH, Day, Year) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH (MORTH) 1 (IR M 2 THE STATE T. DATE OF BIRTH
TOR	99-FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. TOWN OR LOCATION OF DEATH 98. CTY, TOWN OR LOCATION OF DEATH 98. CTY, TOWN OR LOCATION OF DEATH 98. CTY, TOWN OR LOCATION OF DEATH 98. CTY, TOWN OR LOCATION OF DEATH 98. CTY, TOWN OR LOCATION OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
FUNERAL	109. STREET AND NUMBER 109. GTIZEN OF WHAT COUNTRY? 21216 109. GTIZEN OF WHAT COUNTRY? 21216
à	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. Wildowed 4 Divorced 14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (872) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT usargetized.) 16b. KINO OF BUSINESS/INOUSTRY
BE CO	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. INFORMANT'S NAME (Applifyin) 19. MAILING ADDRESS (Street and Number or Plural Route Number, Lifty of Town, State, Zip Code)
٩	200. PLACE OF DISPOSITION 200. PLACE OF DISPOSITION 200. PLACE OF DISPOSITION (Name of comments) or Legal Location — City or Town, State 200. PLACE OF DISPOSITION
	Business 2 Transition 3 Ramoval from State other place) Business M. C. Business
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY 12. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY
717	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiretory arrest, ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel
	disease or condition resulting in deeth) Meta Static Cancer i unknow w Due to (or as a consequence of):
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST
CAL C	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMEO? AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO
JAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
IYSK	1 U YES 2 NO 14 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
B	1 Netural 5 Pending 2 Accident Investigation (Month, Day, Year) INJURY WORK? 1 YES 2 NO
ETED	4 Homicide determined building, etc. (Specify) City or Town, State)
COMPLETED	(Check only One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CETTLEIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Dwy, 16er) 10 2 7 9 1
	A. AHMED M. D 300 Clindy Place Ballimore MD 21201
	14/29 449 1991 Julia Davidson Aprolate 1 Comment of the Park 1989



REG. NO

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	
	24 ho	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	
	K	

FOR STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH SR. XOI 5:20 PM 91 24 5. 9EX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 215 67 1 M 2 F a ana Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give etree 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORECITY LOCK RAVEN VAMC DIRECTOR BAUTMONE MP21243 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? pathimpee 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOF 120 un funeral director, page 5 should be detached for use as the burial-transit th. Page 6 may be retained by the hospital or attending physician 12. WAS DÉCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, 1 Never Merried 2 Merri BY 3 Widowed 4 Divorced 19/46 41 18e. DECEDENT'S USUAL OCCUPATION

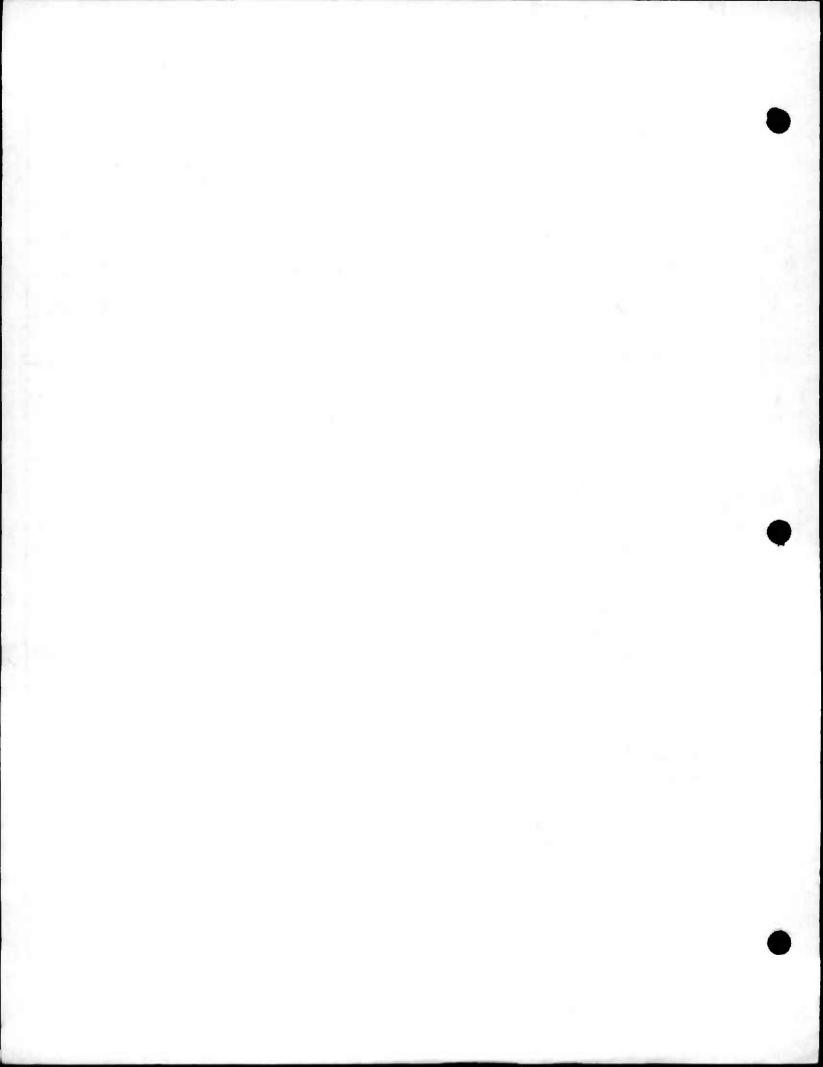
18e. DECEDENT'S USUAL OCCUPATION

18e. DECEDENT'S USUAL OCCUPATION

18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12)
1241 9144 College (1-4 or 8+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 7 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Str. 2 in. anice examiner must be 20a. METHOD OF DISPOSITION
1 D Burlel 2 Cremation 20b. PLACE ANO DATE OF DISPOSITION (Name OATE on 3 🗆 R 10269 8 - Other (Specify) remator 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY nas Wabash removal. event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiec or reapiratory abock, or heart feliure. List only one cause on each line. Approximate filled in Interval Between 9 Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, disease or condition resulting in death) worpsu DUE TO (OR AS A CONSEQUENCE OF): mostate cancer 23 shows any injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If eny, leeding to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST the atten PART II. Other algrifficant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. PLACE OF DEATH (Check only one) item 2 certificate h OTHER: 1 | YES 2 | NO etient 2 - ER/Outpetient 3 - DOA ng Home 8 - Realdence 6 - Other (Specify) 4 I Nurs 0 朝 TO THE HOSPITAL OR ATTENDING PHYSICIA
TO THE FUNERAL DIRECTOR: After this certif
be filed within 72 hours after death with the
IMPORTANT: It Item 28 Is marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE Touchalous 91 24 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VAMC RAUTIMORE LOCK RANGA M1 212/3 31. DATE FILEO (Month, Day, 32 REGISTRAR'S SIGNATURE cone veryes Mandall.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



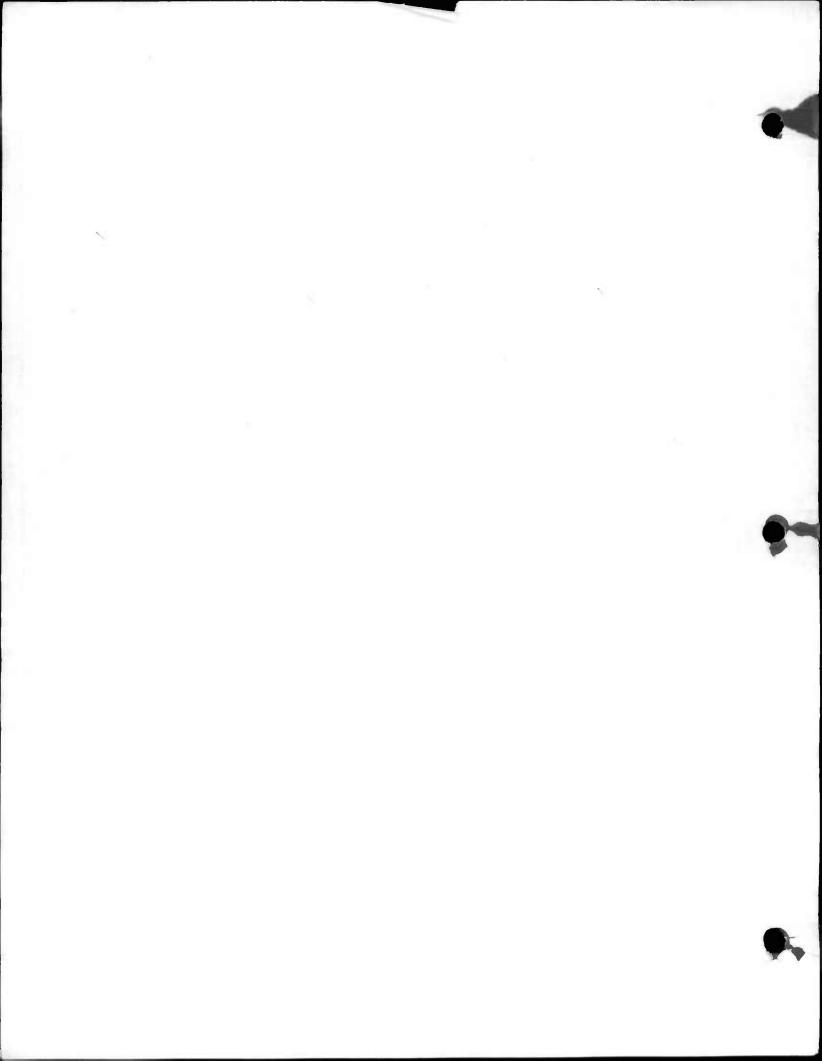
BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physician.
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ALT	death.
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PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOLFIELDS ATTENDING PHYSICIAN: The law requires	TO THE PLYNESS WHELCORE LITER CHIS CERTIFICATE has been signe be filed within 75 medical with the State Dept. of Health	IMPORTANT: If item 28 is marked, or item 23 shows a

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMI	ENT OF HEALTH AND	MENTAL HYGIEN		47020	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH			
	ALOYSIUS DAUS	CH			MONTH (EAR	
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs.	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1.6	91 5:15 p.m. M		
	213 07 7400	M 2 □ F 81	HS DAYS HOURS MIN.	(Month, Day, Year) 8/30/1	910	Country) Md.		
~	9e. FACILITY NAME (If not institution, give street		9b. (CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY	OF DEATH	
FUNERAL DIRECTOR	THE JOHNS HOPKIN	S HOSPITAL	BALTIMORE CIT	<u>Y</u>	BAKK	XXXXX		
#	10e. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY	
ā	Md.		Balti	more City			LIMITS?	
AL	10a. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?	
E	222 N. Linwood	2122	2.4	U.S	. A .			
5	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		. RACE American Indian.	
BY F	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, atc.)		Black, White, etc.	
	3 Wildowed 4 Divorced				.,,		Cauc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION 16e.	DECEDENT'S USUA	L OCCUPATION one during most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
		College (1-4 or 5+)	life. Do NOT use retin	id.)				
M	Unk.	Unk.	Broomma	ker	Manufa	cturi	ng	
Ö	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maider	Surneme)		
BE (James Dausch			Anna				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural	Route Number, City or Toy	vn. Stata. Zip Co	de)	
2	Margaret Dausch						, Md. 21224	
	20a, METHOO OF DISPOSITION	20h Pt A4		POSITION (Name of	DATE 20c. LC			
	1 Buriel 2 Cremetion 3 Immerse 4 Donation 5 Other (Specify)	i from State cemetery,	crematory or other pla	mer Cem			ore, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND ADDRESS OF F				
	A 00	111	1/		201		altimore St.	
	Chemanne	2 howell	A.	B. Dabrowski	& Son Bar	timore	, Ma. 21224	
	23. PART i. Enter the disesses, or con	nplications that caused the	eth. Do not er	iter the mode of dying, au	ch as cardlec or resp	iratory arrest		
	IMMEDIATE CAUSE (Final	t only one cause on each i	ine.				interval Between Onset and Death	
	allamana and an addition	ACUTE PULL	DUARY	FMRNISM			12 hows	
	resulting in destri) > a	DUE TO (OR AS A CON		CI COLISTI			12 4002	
z	-						į į	
2	Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS A CONS	SEQUENCE OF):					
8	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
2	DART II On a shall say							
CAL	PART II. Other significant conditions of	ontributing to death but no	t resulting in the	underlying cause given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8					1 _ YES :		COMPLETION OF CAUSE OF DEATH?	
W							1 TES 2 NO	
ż								
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)			
Si		IOSPITAL: Vinpatiant 2 - ER/Outpatient		IER: Nursing Home 5 - Rasidence	6 Other (Specify)			
ξI	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME OF	28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY F	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	Property and a		1100	
	2 Accident investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY At	home, ferm, street,		261. LOCATION (Street	and Number or I	Bural Bouta Number	
COMPLETED	4 Homicide determined	building, etc. (Specify)		ALP' CET II	City or Town, State,)	is a roote remon,	
Ä	290. CERTIFIER	N To All A Control of the Control of						
₹	(Check only one) MEDICAL EXAMINED:	N: To the best of my knowledge,	death occurred at ti	na time, date end place, end du	e to the cause(s) and me	nner es atated.		
8		On the beals of examination end/	or investigation, in n	y opinion, death occured at the	ilme, date end place, er	nd due to the co	suse(s) end menner es stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		GNED (Month, Day, Year)	
5	171	RESIDE	THE			10.	20.91	
	30. NAME AND ADDRESS OF PERSON WHO C							
	ANTONY ROJEN	HD, THE J	38th 24H5	KINS HOSPITAT	L, 600 N. WO	LEE ST.	BALTIMORE	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						
	OCT 29 1991 &	die Davidson-Rande	ell_					



DIWISION OF VITAL RECORDS, P.O. BOX 6876



	FOR 1 - STATE REGISTRAR	STATE OF MARY			IT OF HEALTH AND E OF DEATH	MENTA	AL HYGIEN	_	, ,	23323
	1. OECEOENT'S NAME (First, Middle, Last) , HAROLD	EDWARD			L OI BLAIN	2. DAT	E OF DEATH	AV	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-09-3941	% M 2 □ F	E (In yrs. lest birthday) 8 4yrs.	MONTHS		11/	E OF BIRTH hth, Day, Year) 22/190	6	Country) Penn	
CTOR	9a. FACILITY NAME (If not institution, give s CHURCH HOSPI' RESIDENCE OF DECEDENT		RATION		ALTIMORE			9c. COUNT	Y OF DEAT	H
L DIRECTOR	Maryland Balt:	v imore County			River					d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	13213 Birdale At	Venue	IN II C ADMED		10f. ZIP CODE 21220			U.	S.A.	
ВУ	1 Never Married 2 XX Married 3 Wildowed 4 Divorced	FORCES? IX YE	S 2 NO	13	I. WAS DECENOENT OF HISE If yea, specify Cuban, Max 1 TYES 2 1 NO Spe	ican, Puarto	IN? (Specify Yai Rican, etc.)	n or No — 1	4. RACE — Black, W Specify:	American Indian, Thita, aic. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)		work done se retired.	e during most of working)	16	b. KIND OF BU			
BE COME	17. FATHER'S NAME (First, Middle, Lest)	eshner	Steel	Wor	18. MOTHER'S				1	
TO B	19a. INFORMANT'S NAME (Type/Print) Margaruite Ann Des				ss (Street and Number or Run dale Avenue.	al Route Nun	nber, City or Tow	n, State, Zip C		21220
	20a. METHOD OF DISPOSITION 1	oval from State	0b. PLACE AND DATE	of DISPO ther place Ceme	etery 10	/29/9	TE 20c. LO	CATION - CH	y or Town,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	phik	1	B:	ruzdzinski I 407 Old East	riciuty Funera Tern	al Home	e P.A.	hM e	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ASpina	tio	r the mode of dying, as	ich aa car	diac or reapi	ratory arres	at,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE O	,						
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						
PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition	a contributing to death	but not reaulting	In the u	inderlying cause given I	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	28. PLACE OF DEATH (C	Check only o	ne)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA ☐ 28s. DATE OF INJURY 28b. TIM			JURY WORK?		Other (Specify) Red. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, a secify)		1 YES 2 NO	28f. LOC City	LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my kno	wiedge, death occurre	nd at the	time, data and place, and do	e to the care	use(a) and man	ner as stated	ause(s) en	d manner as stated
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER MEDICALLY W	5 MEDIC			29c. LICENSE N	UMBER		29d. DATE S		nth, Day, Year)

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Coat)

OCHANEY

DR.

HO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE 1991 Gisha A

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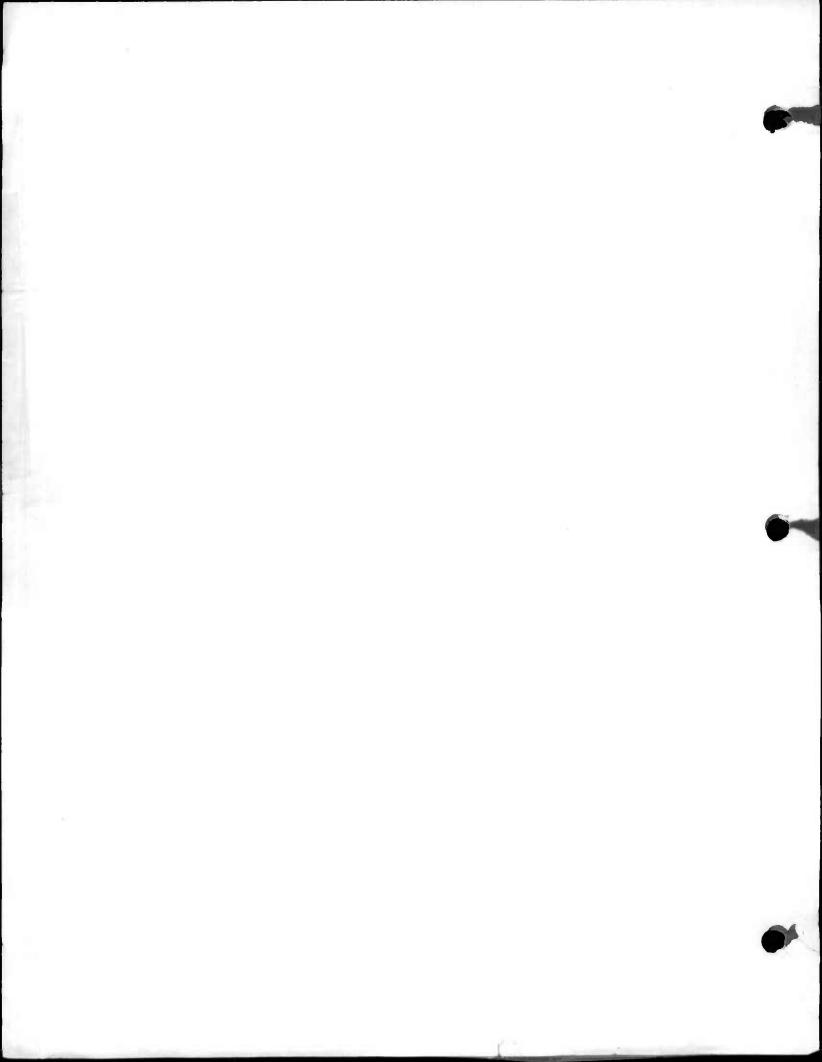
N. BROADWAY

who Davidson-Randall

21231

FLOSPITAL

BALTIMORE, MD



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DIVISION OF VE	SPITAL OR ATTENDING PHYSICIAN:

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E 9	ctor,		SIDIL
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ID THE HUSPITAL OH ALLENDING PHYSICIAN; THE THE THE DESTRUCTION OF EXECUTED WITHIN 24 HOURS after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First	OTHY		EDMU	MDC					2. DATE OF DEATH MONTH DA		VEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER									10 24		91	M
	579-50-70		5. SEX	6. AGE (In yrs. las 49		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in			47	YRS.					6-27-42			A.
DIRECTOR	810 N. W	OLFE :						MORE			9c. COUN	TY OF DE	EATH
5	10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CITY
	MD 100. STREET AND NUMBER				BAL	TIMO		CIT					LIMITS?
FUNERAL	810 NORT	H WOL	FE STRE	ET			101	212			10g. CITIZ	U . S	HAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo		12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2 XI		1 1	f yes, sp	ENDENT O	n, Maxicar	IC ORIGIN? (Specify Yes n, Puarte Rican, alc.)	or No — 1	14. RACE Black, Specify	- American Indien, White, atc.
	15. DEC	EOENT'S EOUC	ATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KINO OF BUS	INESS (INO)	ETRY	Black
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5 +	(G	ive kind of v Do NOT us	vork done one retired.)	during ma	st of workin	g	Too. Kind of Bos	INESS/INOU	SINT	
린	7th Grade Unemployed												
S I	17. FATHER'S NAME (First, M	iddie, Last)					_:-			ME (First, Middle, Meiden			
BE	Stewart							Mae Smi					
2	Angela	8	b. MAILING	AOORESS W	(Street a	nd Number EST	or Rural A	Baltimor	e, State, Zip C	d.	21205		
	Burlel 2 Cremation Donation 5 Other	n 3 🗆 Remo	oval Irom Steta	20b. PLACE / cemetery, cre	matory or ol	her place)					ATION — CI		
	21. SIGNATURE OF FUNERAL	Vosh	ell			D ADORES		CILITY	alti	HOLE	e, Md.		
_	7	1									ORTH AVE.		
	23. PART I. Enter the di shock, or hi iMMEDIATE CAUSE (Fin disease or condition resulting in death)		<u>LU</u>	se on each line	AN	181				TAN ME			Approximate interval Between Onset and Death
NOL	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.												
. 11	PART II. Other aignifica	nt conditions	contributing to	deeth but not re	esuiting i	n the un	deriying	cause g	iven in F	Part i. 24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
EDICAL										PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 YES 2	∐ NO		OF DEATH?
1	1 TES 2 NO											1 123 2 10	
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF DE	ATH (Chec	ck only one)			
H	1 TES 2 NO		1 Inpetient 2 I	ER/Outpatient 3	□ DOA	OTHER 4 Nurs		o 5 □ Rat	idenca 6	3 ☐ Other (Specify)			
ВУ РН		Pending reveatigation	28e. DATE OF (Month, Da		26b. TIME INJU	OF JRY M		URY AT RK? 'ES 2	NO	26d. DESCRIBE NOW IN	JURY OCCU	REO	
		Could not be letermined	28e. PLACE OF building, e	INJURY — AI hor etc. (Specify)	me, Jerm, a	treet, facto	ery, office			26f. LOCATION (Street at City or Town, State)	nd Number or	Rural Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one)	FYING PNYSIC	IAN: To the best of t	my knowledge, dae	ith occurre	d at the life	ne, data	and place,	and dua t	o the cause(s) and mann	ner es atated		
	29b. SIGNATURE AND TUTLE		On the basis of ax	amination end/or i			1	29c. LICE		lme, data and place, and			
2	30. NAME AND ADDRESS OF	PERSON WATER	rust	200		-Z9-	91	D	17	13/	b /	10 -2	Month, Day, Year) 29-91
	G. U. S	TUATC	T JR, M	D /O	27) (Type,	Print) P) 6 E /	7 57	TE	BACT	OM O	2/2	202	2_
	UCT 29 19		32. REGISTRAF	R'S SIGNATURE									

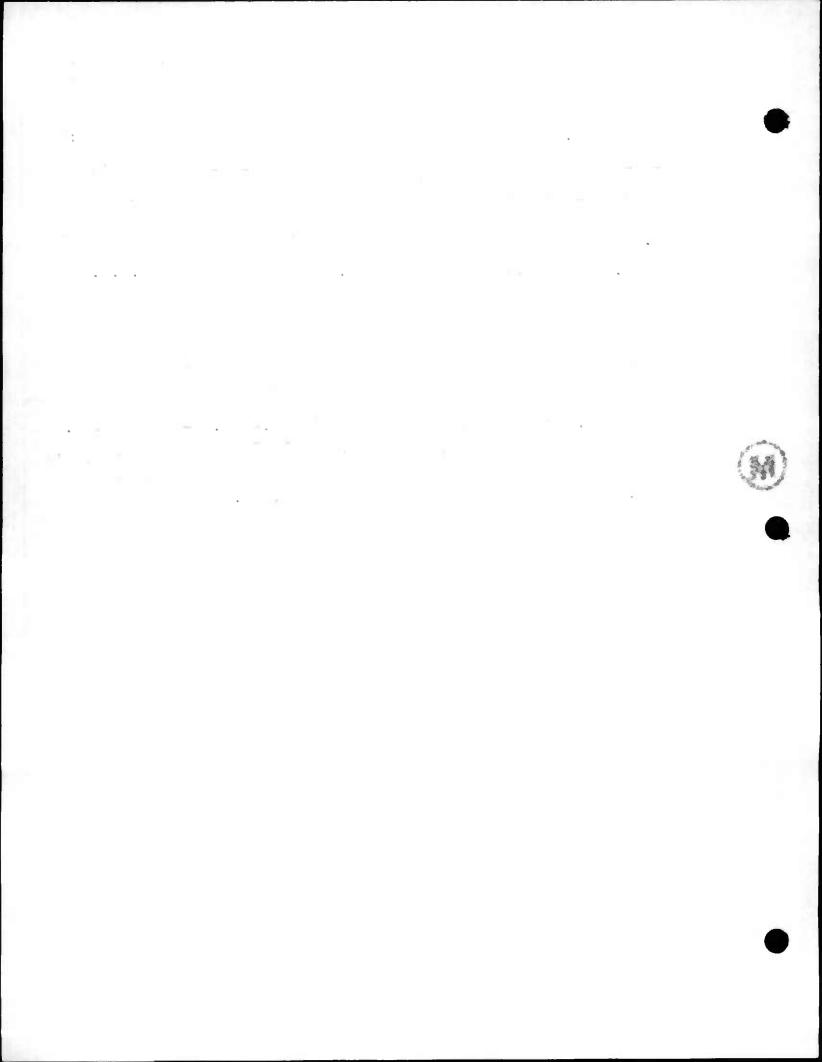
RE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the control of the law requires that the death of the attending physician and completely filled in by the control of the control of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal is marked, or the 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH
CATHERINE R. F	LLIS		MONTH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. OATE OF BIRTH

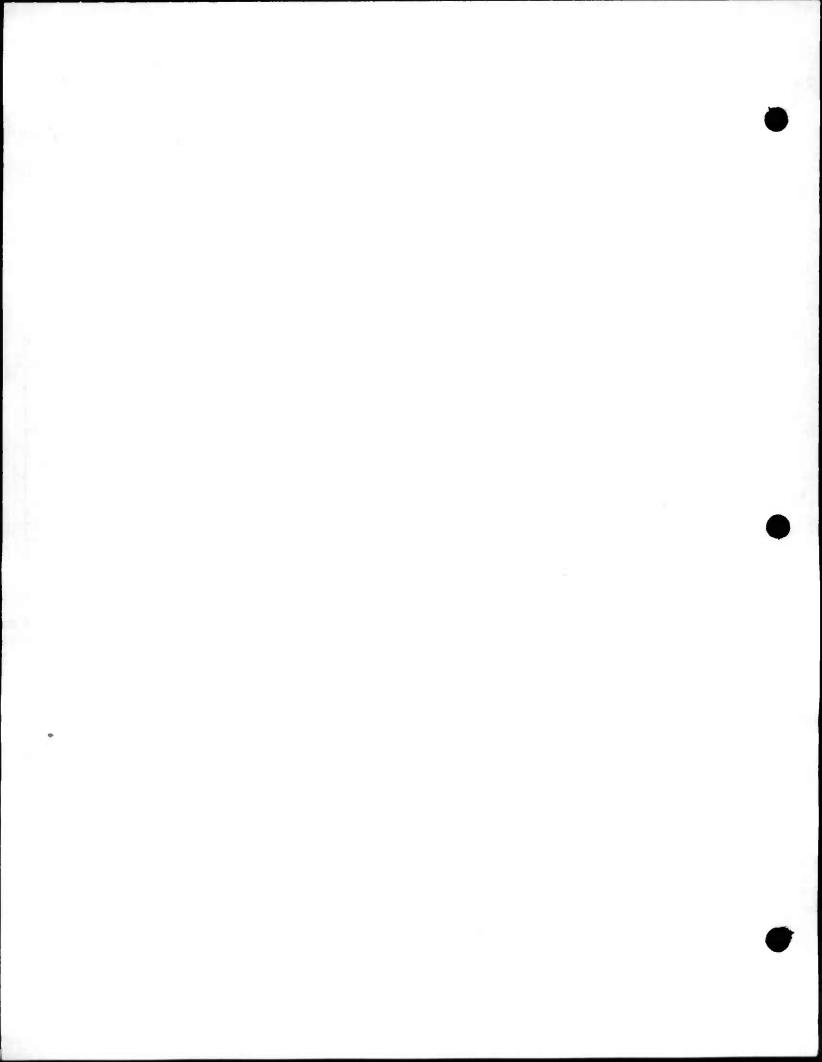
	1. DECEDENT'S NAME (First,	Adjustation I must			CENTII	ICATI	E OF	DEA	In	r F	REG. NO.			
- 1										2. DATE OF MONTH	DEATH DA	W	YEAR	3. TIME OF DEATH
	CATHERINE		ELLIS							10		8	a	2.25a M
- 3	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yn	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF	BIRTH			PLACE (State or Foreign
- 3	294-14-729	0	1 M 2 XF	07	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Country	1)
	9e. FACILITY NAME (If not inc	oth etc. of a		83						2-19	<u>-08</u>		Or	nio
~				Faci	lity	9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	EATH
Ö	Bon Secour	S-Ex	tended	Care		ਜ਼ਾਜ	710	ott	01+			III	- na a	
DIRECTOR				VIII (171	110	000	ULI	· V		How	aro	
#	10a. STATE	10b. COUNTY	*		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
百	Md.	H.	oward		7	ב ר רה		+ 0					_ 1	LIMITS?
-1	10e, STREET AND NUMBER		JW OLL U			1		t C						1 YES 2 NO
8								. ZIP CODI	E			10g. CIT	ZEN OF W	HAT COUNTRY?
9	3000 N. R	idge	RdEl	licot	t Cit	v.M	d	2	2104	.3			U.S.	Δ
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yee	or No-	14. RACE	- American Indian.
-	1 Never Married 2		FORCES? 1				If yes, sp	ecify Cuba	n, Mexice	n, Puerlo Rice	n, etc.)		Black	, White, atc.
B≼	3K Widowed 4 Divor	bed		PHI ON DRIES	NT / /	\	I L TES	2 NO	Specify	AT I	A		Specifi	
	15. DECE	DENT'S EDUC	CATION	100	. DECEDENT'S	Union o	00110171			IV.	A		Whi	te
E I	(Specify only	highest grade	completed)	-100	(Give kind of	work done	during mo	ON ist of workin	ng	16b. KIP	ID OF BUS	SINESS/INC	DUSTRY	
ا ت	Elementary/Secondary (0-	12)	College (1-4 or 5 +	-)	life. Do NOT u	se retired.)								
용Ⅱ	N/A		N/A		Hous	ewi	fe				NI /	Δ		
COMPLETED	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOTI	HER'S NAI	ME (First, Midd	a Mairian	Sumama)		
	James Re	mtr										ourner, my		
BE	19a. INFORMANT'S NAME (Ty							Me	rth	a Mc	OV			
2										loute Number, (21044
	Patricia	A. Bur	gemeis	ter	4952	Co	lum	bia	Rd.	- Ant	6-	Coli	idmu	a Md
	20e. METHOD OF DISPOSITIO	DN			CE AND DATE	OF DISPOS	ITION (Na	me of 7	77	CDATE	20c. LO	CATION -	City or Tox	en State
	1 Burlet 2 Cremetion 4 Donation 5 Other	1 3 ∐ Remo Specifyl	oval from State											
ĺ	21. SIGNATURE OF FUNERAL		FNSFF	TUIT	on ho	wns	nip	Cen	ete	ny	Wes	t C	iest	er,Ohio
1						5	157	Do 7	+ i m	ore N	T ~ + 2		t To d	1
	G. Tr	ıman			15	エノエ	Dal	CTIII	ore r	att	ona.	L PI	ке	
	23. PART I. Enter the dis	nounad the	death Di	1.53	al L	LINOT	·e	Md. 2	122	9				
	shock, or he	art fellure. L	Liat only one cau	ae on aach	lina.	iot enter	the mo	ae or ayı	ng, aucr	aa cardiec	or reapi	retory err	eat,	Approximate Intervel Between
	IMMEDIATE CAUSE (Fine	el												Onset and Death
	disease or condition resulting in deeth)	•		Par	rea	110		/		1311				
ı	resulting in deeth)	•	DUE TO	OR AS A COR	SEQUENCE OF	P.		(-41	1660				
_						,								
CERTIFICATION	Sequentially liet condition		DUE TO	10B 46 4 004	SEQUENCE OF									
A	If any, leading to immed cause. Enter UNDERLYIN		332 10	(011 110 11 0011	IS A CONSEQUENCE OF):									
ပ္က	CAUSE (Disease or Injur													
	that initieted events reaulting in deeth) LAST		DUE TO	(OR AS A CON										
E 1	rounding in deetil) EAST													
	DART II. OakIIII-													
MEDICAL	PART II. Other eignifican	conditione	contributing to	deeth but n	ot reculting i	n the un	derlying	g ceuse g	lven in F	Part i. 24e	. WAS AN			WERE AUTOPSY FINDINGS
일Ⅱ											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										— 'L	YES 2	NO		OF DEATH?
- 15										-				1 YES 2 NO
PHYSICIAN:														
हे	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL					26. PL	ACE OF DE	EATH (Che	ck only one)				
Š	1 TYES 2 NO		HOSPITAL: 1 Inpetient 2	ER/Outpatien	3 DOA	OTHER		5 Da	eldanaa d	3 ☐ Other (Sp				
Ì	27. MANNER OF DEATH		28e. DATE OF		26b. TIM		28c. INJ	_	elderice (
	1 Netural 5 P	ending	(Month, Da	ly, Year)		URY	WO	RK?		28d. DESCRIE	E HOW IN	JUNY OCC	OMED	
⋒		vestigation						ES 2 _	NO					
		ould not be	28e. PLACE Of building,	FINJURY — At mc. (Specify)	t home, ferm, a	treet, facto	ory, office	•		26f. LOCATIO	N (Street e	nd Number	or Rural Ro	oute Number,
	4 Homicide di	etermined							- 1	only or not	wii, Gidio)			
ון ב	29e. CERTIFIER 1 CERTIF	FYING PHYSIC	TAN: To the best of	me beautates	d at									
<u></u>	(Check only one)	AL EVAMINED	IAN: To the best of	my knowleage	death occurre	d at the ti	me, date	end place,	end due 1	o the cause(e)	end meni	ner es state	ed.	
COMPLET	a medic	AL CAMINEN	. On the base of ex	amination end	or investigation	n, In my o	pinion, de	eath occur	ed at the t	lme, date end	place, end	due to the	e ceuse(s)	end manner ee ateled.
BE	29b. SIGNATURE AND TITLE (OF CERTIFIER	1) /					29c. LICE	NSE NUMI	BER		29d. DATE	SIGNED /	Month, Day, Year)
100		4/2 /	and.					17)	1	17		•	, /	1-6,
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH 4	TEM 27 /3-	Order		1/	110	5 /			161,	+1/1/
	116-	7 1	1 / CAUS	- U. DEATH (rem er) (rype,	त्यस्त्)			0					V = 1
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	31. DATE CT 29 19		32. REGISTRAF	S SIGNATUR	E	100							2	
	19	91 3	The Davids	on-Rand	400_									i
		7.7												

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DIVISION

	1. DECEMBET'S NAME (First, Middle, LI	ROBERT	ELLI.	SON -	DEATH	RE 2. DATE OF DE	G. NO. EATH 24,19	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	17.0	E (in yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BH (Month, Day, 5/12/]	TH	8. BIRTHPL Country)	ACE (State or Fore
Œ	9a. FACILITY NAME (If not institution, gi		05		OR LOCATION OF DI		9c. COUN	TY OF DEA	
CTOR	7501 PARK HEIGH				LTIMORE		E	BALTI	MORE
IL DIRE	MARYLAND 100. STREET AND NUMBER	BALTIMORE	10c, CITY	BALTIN	MORE .			1	LIMITS?
FUNERAL	7501 PARK HEIGH	TS AVE.		101	i. ZIP CODE	208	10g. CITIZ	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 11 YE IF YES, GIVE WAR OR ARM	S 2 NO	If yes, sp	CENDENT OF HISPAN ecity Cuban, Maxica 2 X NO Specifi	IIC ORIGIN? (Spe n, Puarto Rican,	city Yea or No-	14. RACE — Black, V	American India
8	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a, DECEDENT'S I	JSUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDU		MUTTE
COMPLET	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)		ork done during mo retired.) MANAGER	st or working	RI	EAL ESTAT	Œ	
BE CO	17. FATHER'S NAME (First, Middle, Last) LOUIS ELLISC				18. MOTHER'S NA FREDA		Malden Sumame)		
TO E	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I				
	MS. SONDRA E. EI		06. PLACE AND DATE OF		GHTS AVE		PIMORE, M		1208
	4 Donation 5 Other (Specify)	4 -	emetery, crematory or oth	er place)	AL PARK 1				
	21. SIGNATURE OF FUNERAL SERVICE	tillua			LEVINSO		OC TAIC		
	23 PART I Enter the diseases,	or complications that cause	ed the death. Do no	6010	REISTERS	TOWN RE	BALTO.	, MD	2121:
RTIFICATION	23 PART I/Enter the diseases, anock, or heart failur immediate CAUSE (Final disease or condition resulting in death) Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	ed the death. Do no each line.	6010 bt enter the mo	REISTERS	TOWN RI	BALTO.	, MD	2121. Approxim interval B Onset and Accur
EDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS C. DUE TO (OR AS	ed the death. Do no each line. A CONSEQUENCE OF: A CONSEQUENCE OF:	6010 by enter the mo-	REISTERS de of dying, auci	Port I. 24a, v	BALTO.	24b. WE AMCOOF	Approximinterval B Onset and According to the second secon
MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	ed the death. Do no each line. A CONSEQUENCE OF: A CONSEQUENCE OF:	6010 by enter the mo-	REISTERS de of dying, auci	Port I. 24a, v	D. BALTO. reapiretory arre	24b. WE AMCOOF	Approximinterval B Onset and According to the second secon
SICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not each line. A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying	REISTERS de of dying, auci	Port I. 24a. v	MAS AN AUTOPSY ERFORMED?	24b. WE AMCOOF	Approximinterval B Onset and According to the second secon
SICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause cause. The cause	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do no each line. A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying	REISTERS de of dying, auci	Part I. 24a. v P CK only one)	MAS AN AUTOPSY ERFORMED?	24b. WE AMMCOOF	Approximinterval B Onset and According to the second secon
BY PHYSICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of	DUE TO (OR AS DUE TO (OR AS)	ed the death. Do no each line. A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying 2s. PL OTHER: Nursing Home OF WOI M 1 Y	REISTERS de of dying, auci	Part I. 24a, y p 1 ck only one) B Other (Spect 28d, DESCRIBE	MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WE AW CO OF	Approximinterval B Onset and Accurate Autopsy Financial Research Autopsy Financial Research Accurate Autopsy Financial Research Autopsy Financia Research Autopsy Fin
ETED BY PHYSICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. Line to (OR AS) d. Line to (OR AS d. Line to (OR AS) d. Line to (OR	ed the death. Do no each line. A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying 2s. PL OTHER: Nursing Home OF WOI M 1 Y	REISTERS de of dying, auci	Part I. 24a, y p 1 ck only one) B Other (Spect 28d, DESCRIBE	PAS AN AUTOPSY ERFORMED? YES 2 NO Street and Number of	24b. WE AW CO OF	Approximinterval B Onset and Accurate Autopsy Final Able Prior MPLETION OF C DEATH? YES 2 1
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ED BY PHYSICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. LIONA CONTRIBUTION OF TO (OR AS d. LIONA CONTRIBUTION OF TO (OR AS d. LIONA CONTRIBUTION OF TO (OR AS d. LIONA CONTRIBUTION OF TO (OR AS) 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) TO the best of my known of the position of axemination of the position of the position of axemination of the position	ed the death. Do no each line. A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) B A CONSEQUENCE OF) Wilder Consequence OF) Wilder Consequence OF) Wilder Consequence OF) Wilder Consequence OF) Wilder Consequence OF) Wilder Consequence OF)	the underlying 28. PL OTHER: World World World World World World World To World	REISTERS de of dying, auci Cause given in ACE OF DEATH (Che S Residence JEY AT RK? ES 2 NO	Part I. 24a, v Ck only one) B Other (Special Describe) City or Town to the cause(a) as time, data and pla	MS AN AUTOPSY ERFORMED? YES 2 NO Street and Number of State) Street and due to the state of t	24b. WE AMOO OF 1 [Approximinterval B Onset and According to the second secon



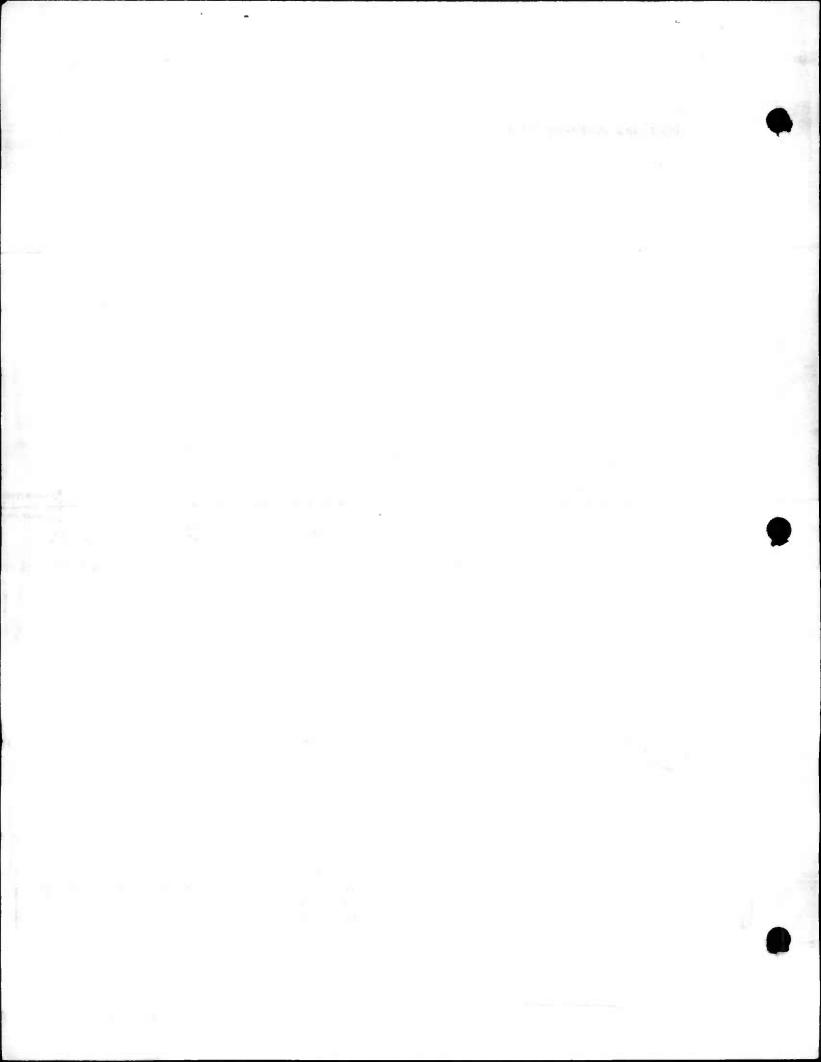
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N OF	VIT.	AL	RECC	ORC	S, P	0	BOX	1314	6,		BA	LTIM	ORE	, MA	IRYL	AND	212	BALTIMORE, MARYLAND 21203-314
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending p	L OR ATTENDI	NG PHYSI	CIAN: 1	The law	/ requires	s that th	ne death	h certif	icate be	executed	within	SH HOURS	after d	ath. Pag	e 6 may	/ be reta	ained by	the hos	oital or	attending p
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	L DIRECTOR: AI	fer this ca	ertificat	e has	been sign	ned by	the afte	Dulpu	physician	and con	pletely	filled in 1	y the f	neral di	rector, p	age 5 sl	hould be	detache	of for us	se as the t
be filed within 72 hours after death with the State Dept. of Fleatin and Mental hyghere phot to bund, cremation, or removal.	2 hours after de	Bath With	the Sta	te Depr	L. OT HEA	IOU AND	Melita	пудне	ne puoi	to bundi,	Creman	on, or re	THOWAII.							
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	f Item 28 Is	marked,	or ite	ш 23	Shows	amy in	Juny,	or oth	er trau	matic e	rent, t	he med	cal ex	amine	must	be not	fled a	once.		

nysician. urlal-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	TATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
Nicholas Anthony	Fiore				October 1		2:50 A. M
4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEA		7 DATE OF BIRTH	4 D	IRTNPLACE (State or Foreign ountry)
125 05 0207	XM2□F 75	YRS.	MONTHS DAY	3222011 1351	April 16,1		ew York
9a. FACILITY NAME (If not institution, give street of				N OR LOCATION OF D	EATH	9c. COUNTY C	
12037 Ocean Gates	way		Ocean	City		Worce	ster
10e. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Md. Worce:	ster	Oce	an Cit	У			1 YES 2 X NO
10e. STREET AND NUMBER			-	10f. ZIP CODE			OF WHAT COUNTRY?
12037 Ocean Gates				21842		USA	
1 Never Married 2 Married	WAS DECEDENT EVER I FORCES? 1 YES	2 NO	If yee	specify Cuben, Maxico		9	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	WWII	DATES	10	YES 2 NO Specif	y:	i i	Specify:White
15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	18b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	Ilfe. Do NOT us	e retired.)				
11		Warrant	Office		my gover		
17. FATHER'S NAME (First, Middle, Last)				1112-1-12-12-1	AME (First, Middle, Malden		
Joseph Fiore					Altobelle		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
Eleanor T. Fiore	1				Ocean City		21842
1 Sturial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) Evergree		cometery, crematory or neterv		in, Md	
21. SIGNATURE OF FUNDRAL SERVICE LICENSE	EE		22. NAM	E AND ADDRESS OF FA	CILITY		
A. Till Bu	tal	-			eral Home,	, 108 W	illiams St.
23. PART I. Enter the diseases, or comp	pilgarions that cause	d the deeth. Do n		lin, Md.		iretory errest	Approximate
shock, or heart fellure. List	only one cause on	each line.					interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	P	anci	real	ic le	nce?	-	Onset and Death
tooding in dodain,	DUE TO (OR AS	A CONSTIQUENCE OF	F):	1 1	04	1	2116
Sequentielly list conditions, b	7	ymph	ocy	AC LYN	nprom.	4	a/D
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F): <i>(</i> /	•	•		
CAUSE (Disease or injury \$ c. —	DUE TO (OR AS	A CONSEQUENCE OF	F):				
that initiated eventa reaulting in death) LAST							į į
d							
PART II. Other aignificant conditions co	entributing to deeth	but not resulting	in the under	ying cause given in	Part i. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		*			1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
	÷						1 - YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	B. PLACE OF DEATH (C	heck only one)		
1 YES 2 LHO 1	Inpetient 2 ER/Out		4 - Nursing	Nome 5 Hesidence			
27. MANNER OF DEATN 1 Tatural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED .
2 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	IY — At home, farm, : ec/fy)	street, factory,	office	28f. LOCATION (Street City or Town, State	and Number or R	lural Route Number,
PAR CENTIFIED							
(Check only							
2 MEDICAL EXAMINEN: U	n the basis of examinati	on and/or investigation	on, in my opinie	on, death occured at the	e time, data and place, a		
29b. SIGNATURE AND TITLE OF CERTIFIER	11/20-	h mi	1	29c. LICENSE NU	MBER LO	29d. DATE SIG	GNED (Month, Day, Year)
www.	, ocus	(// = 1		1120	1001	18/	110/41
30. NAME AND ADDRESS OF PERSON WHO CO	JMPLETED CAUSE OF D	EATN (ITEM 27) (Type	0	. v. waish, w 16-48-4879	w	RAME	Washington DE 20307 5001
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE 70	90 1	ematology/C	Incology 		

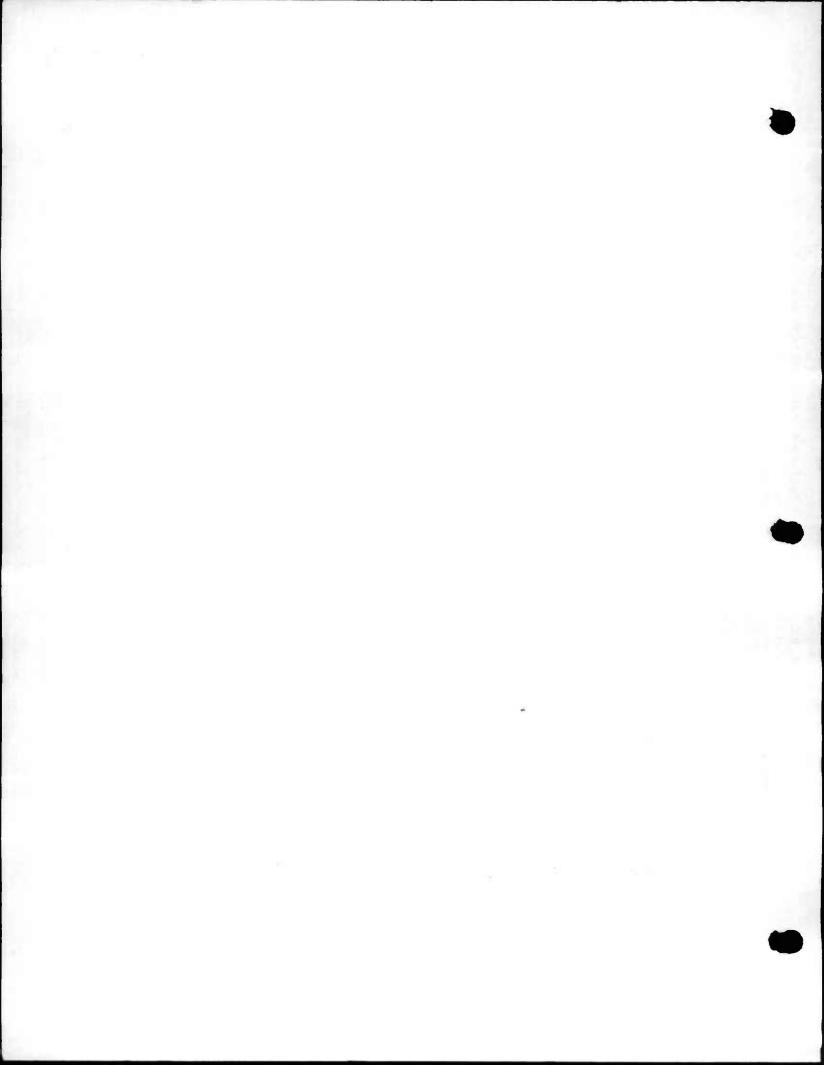


the medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
/ mied in by the funeral director, page 5 should be detached tion, or removal.	TO THE FUNENAL UNELTION: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be defached be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.
urs after death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last) Elmer E. Fox		2. DATE OF DEATH MONTH DAY

Elmer E. Fox					2. DATE OF DEATH MONTH DA	Y Y	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 215-38-0229 9a. FACILITY NAME (If not institution, give	1 M 2 F	AGE (In yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN 11, 19	07	BIRTHPLACE (State or Foreign Country) MARYLAND			
				OR LOCATION OF DE	АТН	9c. COUNTY	ALBOT			
402 SOUTH WAS RESIDENCE OF DECEDENT 10e. STATE 10b. COUN MARYLAND 10e. STREET AND NUMBER	TALBOT	10c, CIT	EASTON	ATION OI. ZIP CODE			16d. INSIDE CITY LIMITS? 1X YES 2 NO			
402 S. WASHIN				2160		US				
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAN WWII —AF	YES 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify		or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)	UCATION the completed) College (1-4 or 5+)	life. Do NOT us	work done during materials.)		18b. KIND OF BUS		Z STORES			
17. FATHER'S NAME (First, Middle, Last) SABBATTI	PRES	TDENT	Sumame) UNKNOW							
19e. INFORMANT'S NAME (Type/Print) MRS - CHARLOTT	E FOX				EASTON,		21601			
20a_METHOD OF DISPOSITION 1	moval from State	20b. PLACE OF DISPOS other place) BNAT ISRA			0/24/91		or Town, State			
21. SIGNATURE OF FUNERAL SERVICE I	1/	nson		AND ADDRESS OF FA		,. INC	C.			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE NO (OI	AS A CONSEQUENCE OF	F):				10 79			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	HOSPITAL:	BiO de colo de la Colo de Colo	OTHER:	PLACE OF DEATH (Ch						
27. MANNER OF DEATH 1 Pending	28e. DATE OF IN. (Month, Day,	JURY 28b. TIM INJ	E OF 28c. IN	AJURY AT PORK?	28d. DE\$CRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e PLACE OF II	NJURY — At home, farm, ((Specify)	street, factory, off	ice	281, LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,			
onel		knowledge, death occurn					ause(e) end menner ee stated.			
29b. SIGNATURE AND TITLE OF CERTIF	8 Con	ulp		DO	MBER 225	29d, DATE S	IGNED (Month, Day, Year) -23-7			
30. NAME AND ADDRESS OF PERSON V	PCO	nway	Print)	EA	Isran 1	20	21601			
31. DATE FILED (Month, Dey, Year) OGT 2 9 190	32. REGISTRARS	SIGNATURE Pandals	2,							





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BALTIMORE, ind completely bunal, crematic OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within physician signed by the atten Health and Mental I t. of certificate has been the State Dept. of the 23 sl this c. After TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: A: De filed within 72 hours after of IMPORTANT: If Item 28 is

Items: 23 part I, 27, 28a, b, c, d, e, f per MEO 12/3/91 G-682 reb STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR RUTHELLA JONES 10 GIBBS 91 11:15 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS HOURS Mar. 27, 1926 215-12-6741 DAMES QUARTER 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR DAMES QUARTER DAMES QUARTER CREEK SOMERSET RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WICOMICO FRUITLAND 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX 793 21826 usa 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ⊠NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 11th HOUSEKEEPER DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) JOSEPH PRINGLE JONES **BE** HATTIE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELLA JONES TURNER 4112 NORFOLK AVE., BALTIMORE, MD. 21216 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MT CALVARY CM 10-20 FRUITLAND, MD. 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE "JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 SALISBURY, MD. 21801 23. PART I. Enter the diseases, Dr complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart tailure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final **Onaet and Death** diseese or condition resulting in deeth) Drowning DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF)resulting in deeth) LAST PART il. Other aigniticent conditions contributing to desth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: Inpetient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural ound 10/13/91Unkown M B 1 YES 2 X NO 2 Accident
3 Suicide subject recovered from water 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) Dames Ottartor 26s. PLACE OF INJURY — building, etc. (Specify) At home, farm, street, lactory, office 8 Could not be COMPLETED 4 Homicide determined Somerset Co, Md. water DAMES QUARTER CREEK CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the beel d/or investigation, in my opinion, death occured at the time, date end placa; and dua to the ceuse(s) end manner as stated. 290. SIGNATURE AND TITLE OF CHITTER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year) 10- 14- 1991 9 O.C.M.E. PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ZYMP MARID + 111 PENN STREET, BALTIMORE, MARYLAND 21201

The law requires that the death certificate be executed within 2000 within 2000 of the death. Page 6 may be retained by the hospital or attending physician.	Tate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ate Dept. of Health and Mental Hygliene prior to bunal, cremation, or removal.	read or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
M. He	- licate	III the State	W or Nem
TO THE HOSPITAL OR ACTEND	TO THE FUNERAL DIRECTOR: AM AN	be filed within 72 hours after death wi	IMPORTANT: II item 28 is marks

	1. DECEOENT'S NAME (First,	Middle, Last)	MAVOURNI	EEN BELI	LE RIC	CE GRIMI	S		2. DATE OF DEATH MONTH DATE OCTOBER 2		YEAR	2:50 A. · M	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	B. AGE (In yrs. I	asl birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	,		ACE (State or Foreign	
	233-62-1363		1 🗆 M 2 💢 🗶	81	YRS.	MONTHS DAYS	HOURS	MIN.	NOV. 16,19	909		IESSEE	
	9e. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY, TOWN	OR LOCATIO	ON OF D	EATH	9c. COU	NTY OF DEA	тн	
DIRECTOR	GREATER LAU		ELTSVILL	E HOSPI	TAL	LAU	REL			PRIN	CE GE	ORGES	
ב ו	RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	Y, TOWN OR LOC	ATION				10	0d. INSIDE CITY	
=	MARYLAND	но	WARD			COLUMBI	Α				1	LIMITS?	
	10e. STREET AND NUMBER						of. ZIP CODE	Ē		10g. CIT	IZEN OF WH	AT COUNTRY?	
2	9922 EVERGR	EEN AV	ENUE				210	46		U.	S.A.		
r FUNERAL	11. MARITAL STATUS 1 Never Merried 2 VV		12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. A	ARMED NO	If yes,		n, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE - Black, N Specify:	- Americen Indian, White, etc.	
2	3XXWidowed 4 Divo	rced										WHITE	
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È	5 TEACHER HIGH SCHOOL 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme)									,			
	LEWIS SALIN									Sumeme)			
BE	190. INFORMANT'S NAME (7)				195 MAR INC	ADDRESS (Street			ILLA MCNEW Route Number, City or Tow	n State Zi	in Coriel		
2	VANRA DECKER (DAUGHTER) 9922 EVERGREEN AVENUE, COLUMBIA, MARYLAND 21046 20s. METHOD OF DISPOSITION (Name of commetter), cremetory, or 20s. Location — City or Town. State												
	20a. METHOD OF DISPOSITI 1XXBuriel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		noval from State	20b. PLAC	E OF DISPO	SITION (Name of a		10/3			KENTU		
	21. SIGNATURE OF FUNERA		CENSEE				AND ADDRE		ACILITY				
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MARYLAND 210												
	5555 TWIN KNOLLS ROAD, COLUMBIA, MARYLAND 210s 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate												
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset end Deeth												
	disease or condition												
	resulting in death)												
z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING BUE TO (OR AS A CONSEQUENCE OF): BUE TO (OR AS A CONSEQUENCE OF): BUE TO (OR AS A CONSEQUENCE OF):												
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I I	resulting in death) LAST A PREPARENTE NEUR DECRASE												
CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMILABLE PRIOR TO												
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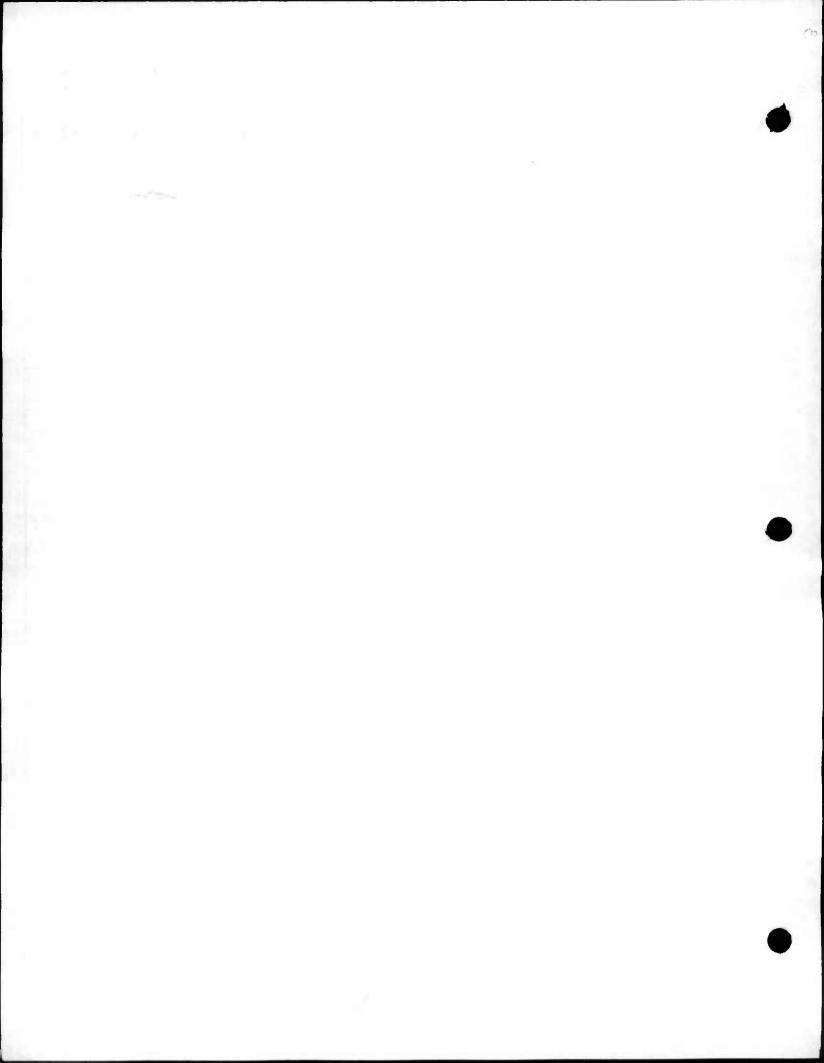


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FACK GRE	ENBL		(JAC	K E.	GRE	DEAT ENBL	ATT)	2. DATE OF DEAT	DAY 24	GI	3. TIME OF DEATH	
1	CIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs.	last birthday)	T	DAYS	IF UNDER	_	7. DATE OF BIRTH	4	1 . 010	THPLACE (State or Form	
	CILITY NAME (If not institution, give				9b. CITY	Y, TOWN C	OR LOCATION	ON OF DE	ATH	TH On COUNTY O			
RESI	SINAI MOSPITAL RESIDENCE OF DECEDENT 108. STATE 109. COUNTY							ORI					
MAI	MARYLAND 10b. COUNTY BALTIMORE 10c. STREET AND NUMBER			10c, C/1	BALT						10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	2503 SMITH AVE.					101	ZIP CODE	1209 21209)	10g. CI	USA	F WHAT COUNTRY?	
1 - N	MARITAL STATUS Never Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				RMED 13 WAS DECEMBENT OF HISPANIC ORIGINS (County Management)					y Yee or No—	Bla	CE — American Indian, ack, White, etc.	
Elen	(Specify only nignest grade completed)			(Olve kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION One kind of work done during most of working te. Do NOT use refined.) PRESIDENT					J. FC	NDUSTRY		
	HER'S NAME (First, Middle, Last) HYMAN GREENE				18. MOTE		NA DA						
19a, INF	FORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	S (Street a	nd Number		Oute Number, City or	VIDSON Flown, State, 2			
		ELL			O SMI	-		BAL	TIMORE,				
1 X Bu	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State												
4 17 190	onation 8 U Other (Specify)								Inches and				
21. 5108	MATURE OF UNERAL SERVICE L	au Le	urs	EB SH	ALOM 22.	MEM NAME AN SOL 5010	REIS	INSON	& BROS	, INC.	TO.		
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23. PA IMMET diseas reaulti Seque if any, cause. CAUSE that in reaulti PART	ART I. Enter the diseases, or shock or heart failure DIAYE CAUSE (Final se or condition ing in death) entially list conditions, leading to immediate. Enter UNDERLYING E (Disease or injury nitiated events ing in death) LAST II. Other algnificant conditions of the	complications the List only one can be as the contributing to the contributing to the contributing to	It caused the use on each in the Control of the Con	death. Do dina. On 100 SEQUENCE OF SEQUENCE OF The reaulting of the reaul	orher	MEM NAME AN SOL 5010 the moderlying anderlying 28. PL. R: sling Home	Hery cause g	INSON STERS ng, auch	& BROS STOWN RD as cardiac or n SCOSC art i. 24a, WAS PER 1 YE	BAL eapiratory a	reat,	Approximate interval Betwoen and D	
23. PA IMMEE diseas reaulti Seque if any, cause. CAUSE that in reaulti PART 25. WAS EXA 1 □ 27. MAN 1. ♣	ART I. Enter the diseases, or shock or heart failure DIAYE CAUSE (Final se or condition ing in death) entially lifat conditions, leading to immediate . Enter UNDERLYING E. (Disease or injury nitiated events ing in death) LAST II. Other significant conditions in death) LAST	complications that List only one can be contributed to be contribu	t caused the use on each is (OR AS A CONSTITUTE OF	death. Do dona. On 100 SEQUENCE OF SEQUEN	other unit of the	MEM NAME AN SOL 5010 the moderlying 26. PL. 31. Sing Home 28c. INJU 28c. INJU 1 Y	REIS de of dyl Her y ace of De 5 Reis REIS ACE OF DE 7 REIS ACE OF DE 8 REI	iven in P	& BROS STOWN RD aa cardiac or n SCOSE art i. 24a, WAS PER 1 YE	BAL eapiratory a	reat,	Approximate interval Betwoen and D	
23. PA IMMET diseas reaulti Seque if any, cause. CAUSE that in reaulti PART (25. WAS EXA 1 27. MAN 1. 3 3	MATURE of UNEMAL BERUCE L ART L Enter the diseases, or shock or heart failure on the condition of the condi	complications that List only one cast a. Hear Due to b. Due to b. Due to d.	officers of the control of the contr	death. Do dona. On 100 SEQUENCE OF SEQUEN	other unit of the	MEM NAME AN SOL 5010 the moderlying 26. PL. 31. Sing Home 28c. INJU 28c. INJU 1 Y	REIS de of dyl Her y ace of De 5 Reis REIS ACE OF DE 7 REIS ACE OF DE 8 REI	INSON STERS ng, auch	& BROS STOWN RD as cardiac or n SCOSC art i. 24a, WAS PER 1 YE	S AN AUTOPSY IFORMED? S 2 NO	rreat,	Approximate interval Betwoen and E Onset a	
23. PA IMMET diseas reaulti Seque if any, cause. CAUSE that in reaulti 25. WAS EXA 1 27. MAN 1.2 2 3 4	ART I. Enter the diseases, or shock or heart failure DIAYE CAUSE (Final se or condition ing in death) entially list conditions, leading to immediate . Enter UNDERLYING E (Disease or injury nitiated events ing in death) LAST II. Other algnificant conditions in the conditions in th	a. Hear DUE TO b. DUE TO C. DUE TO d. HOSPITAL: 11-2 Inpatient 2 28e. PLACE O building,	CONTROL OF THE PROPERTY OF THE	death. Do dina. O 1 U 1 SEQUENCE OF SEQUE	other and street, tack	MEM NAME AN SOL 5010 the moderlying 28. PL: R: sing Home 28c. INJU WOI 1 Your, office time, date if me	REIS de of dyl ter y ace of De 5 Reis BRY AT RES 2	INSON STERS ng, auch liven in P	art I. 24e, WAS PER 1 VE k only one) Other (Specify) 22ed, DESCRIBE HO City or Town, S	BAL eapiratory a S AN AUTOPSY S OW INJURY OF THE PROPERTY OF	24 CCURED ar or Rural	Approximate interval Betwoen and D Approximate interval Betwoen and D AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO	
23. PA IMMET diseas resulti Seque if any, cause. CAUSE that in resulti PART disease 127. MAN 1.2	ART I. Enter the diseases, or shock or heart failure DIAYE CAUSE (Final se or condition ing in death) entially lifat conditions, leading to immediate . Enter UNDERLYING E. (Disease or injury nitiated events ing in death) LAST II. Other significant conditions in death) LAST III. Other significant conditions in death in the conditions in the condition	complications that List only one cause. B. Hear DUE TO DUE TO DUE TO C. DUE TO d. HOSPITAL: 13% Inperient: 2 28s. DATE OF (Month, D. 28s. PLACE O building, SICIAN: To the best of siER: On the basie of si	CONTROL OF THE PROPERTY OF THE	death. Do dina. O 1 U 1 SEQUENCE OF SEQUE	other and street, tack	MEM NAME AN SOL 5010 the moderlying 28. PL: R: sing Home 28c. INJU WOI 1 Your, office time, date if me	TEVJ REIS de of dyl ler y ACE OF DE DE S Rei DRY AT RK7 ES 2 and place, sath occurs	INSON STERS ng, auch liven in P	art I. 24s, WAS PER 1 YE City or Town, S of the cause(a) and me, deta and place	BAL eapiratory a BAN AUTOPSY IFORMED? S 2 NO OW INJURY OC ment and Number tate)	CCURED or or Rural sted.	Approximate interval Betwoen and D Approximate interval Betwoen and D AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO	

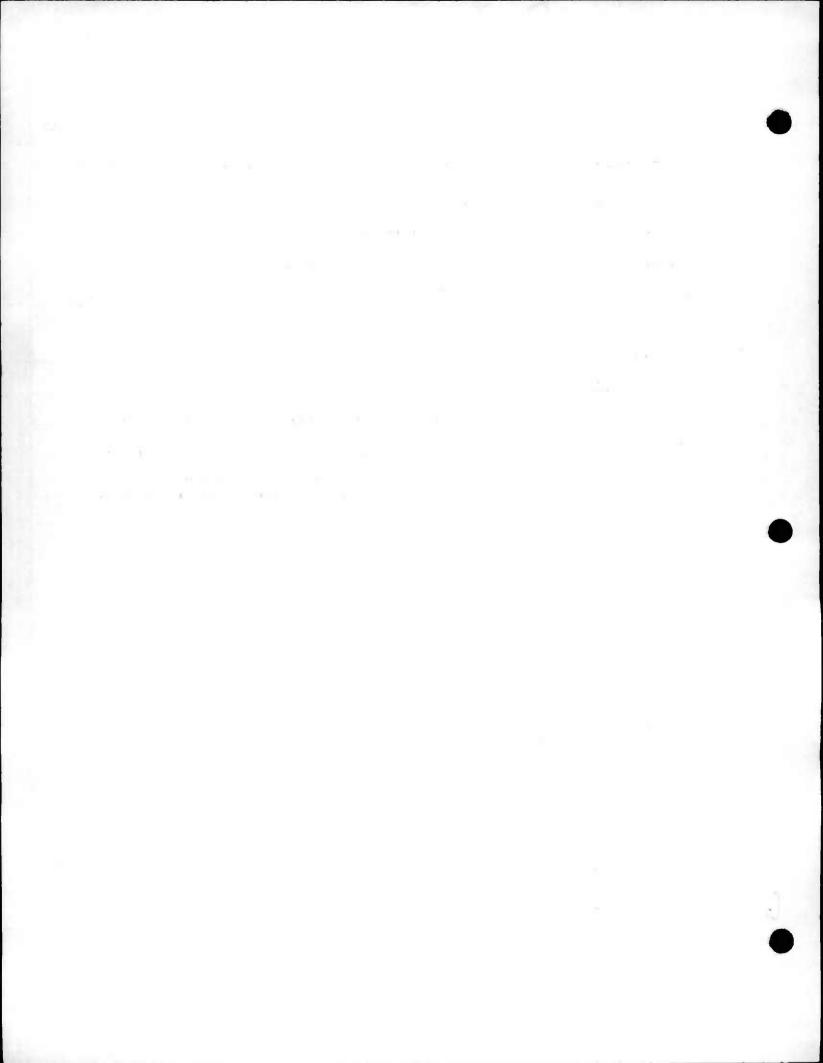


BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	71 23000		
1. DECEDENT'S NAME (First, Myddle, 4. SOCIAL SECURITY NUMBER 217-09-1156	7 D. H	FUNDER TO THE TENTE THE TENTE TO THE TENTE THE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF DEATH DAY 7. DATE OF BIRTH (Month, Day, Ver) 1, 28/20	3. SIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution,	give street and numbers RS HISPITAL				Maryland COUNTY OF DEATH 10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 1411 Ramsey	Street	ZAMA UZIII	10r. ZIP CODE 21223	10g.	1 🖾 YES 2 🗆 ND CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN	2 🔼 NO					
15. DECEDENT': (Specify only highest Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, La	College (1-4 or 5+)	(Give kind of work done ille. Do NOT use retired.)	EDENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retried.) HOMEMAKET 18. MOTHER'S NAME (First, Middle, Maiden Surname)				
Joseph Heisc 19a. INFORMANT'S NAME (Type/Print) Naomi Kibler 20g_METHOD OF DISPOSITION	at I	112 Queen	S (Street and Number or Rura Anne Rd., C	sta <u>Heisch</u> Route Number, City or Town, Statu Len Burnie, M	1d. 21060		
1 (A Burlat 2 Cremation 3 4 Donation 5 Other (Specify 21. Signature of function 2.)	CE LICENSES W	estern Ceme	NAME AND ADDRESS OF F Gary L. Kauf 5695 Main St	Baltim Man Funeral B	Md. 21227		
shock, or heert fa IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	- +		t esten	Onset and Date		
PART II. Other aignificant con	dditiona contributing to death but	ut not resulting in the u	nderlying couse given in	n Part I. 24s. WAS AN AUTOI PERFORMED? 1 □ YES 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	OTHE	28. PLACE OF DEATH (C	Check only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig		28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW INJURY	/ OCCURED		
3 Suicide 6 Could in 4 Homicide determine	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, fed	ctory, office	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,		
200. SIGNATURE AND TITLE OF CEI		n and/or investigation, in my		e time, data and piece, and due	s stated. to the cause(a) and manner as atsted. DATE SIGNED (Month, Day, Year)		
20b. SIGNATURE AND TITLE OF CEI	Triper	ATH (TEM 27) (Type, Print)					

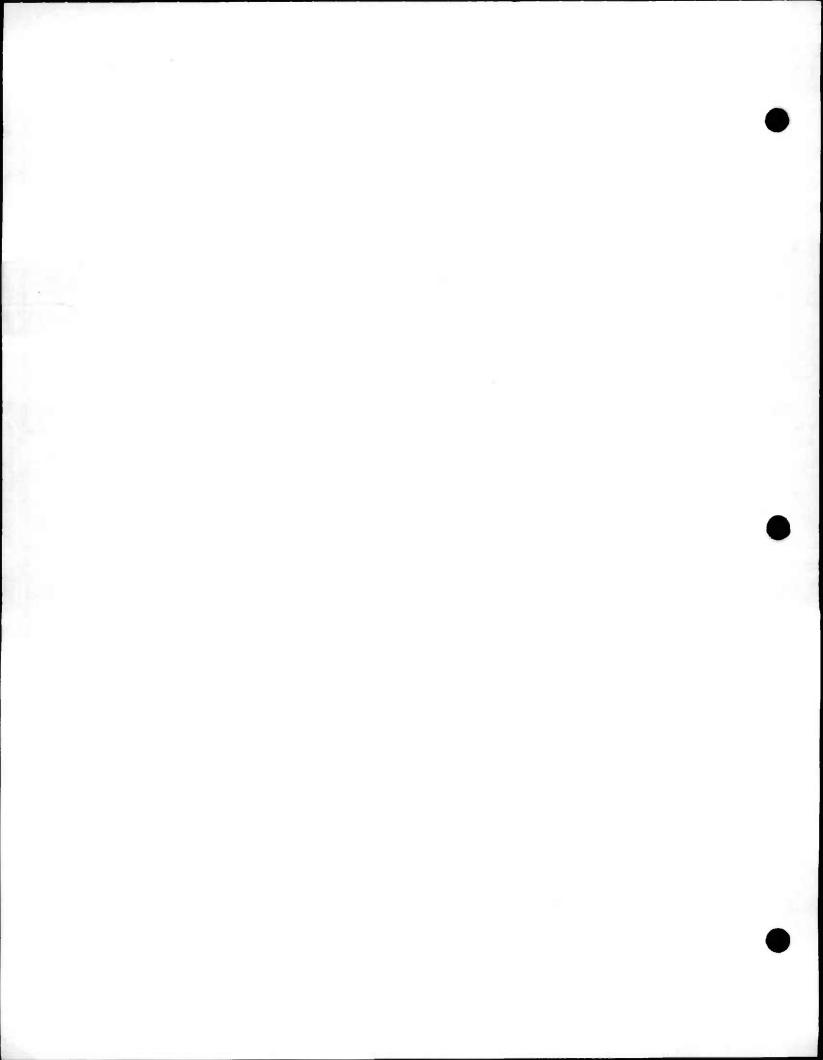


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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		C	ERTIFIC	ATE O	HEALTH AN	D MENI	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH
		Robert L.			Hinkle Si		10	23		991	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	-	F UNDER 1 YEAR		60.0	E OF BIRTH		8. BIRTHP Country	LACE (State or Foreign
	214 26 2935	1 M 2 □ F	61	YRS.			4/	30/1930			Virginia
œ	9a. FACILITY NAME (If not institution, give			9	b. CITY, TOW	OR LOCATION O	F DEATH		9c. COU	NTY OF DE	ATH
5	220 A Donnybro	ook Lane Towso				on			Ba1	timor	e County
DIRECTOR	10a. STATE 10b. COUNT	IOC. CITT, IOW			TOWN OR LO	ATION					10d. INSIDE CITY
	Maryland Bai	ltimore County Towson			son						LIMITS?
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI		IAT COUNTRY?
Ä	220A Donnybrool	k Lane	ane			21204			U.	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	RMED	13. WAS 0	N? (Specify Yea		14. BACE	- American Indian,		
BY	3 N Widowed 4 Divorced	IF YES, GIVE W		,,,,	If yes, specify Cuben, Mexican, Puerlo Rica 1 YES 2 NO Specify:				s, etc.) Black, \ Specify:		White, elc.
ED	15. DECEDENT'S EDU	ICATION	10. 5								White
ETE	(Specify only highest gradi	e completed)		ECEDENT'S US Give kind of world b. Do NOT use n	k done diwine	rion nost of working	16	b. KIND OF BUS	INESS/IND	USTRY	
PL	8th Grade	College (1-4 or 5 +	,	ooker	.,			McCorn	ick	Spice	25
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18 MOTHER'S	NAME /E/			OFITCE	-0
BE C		Jack C. Hinkle					18. MOTHER'S NAME (First, Middle, Ma Geneva Lawh				
	19e. INFORMANT'S NAME (Type/Print)			96. MAILING AC	ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
5	Anita L. Hinkle										21204
	20s. METHOO OF DISPOSITION										
	4 Donatton 5 Other (Specify) Lake View Memorial Park 10/26 Sykesyille, Maryland										
	22 NAME AND ADDRESS OF FACILITY										
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225										
	23. PART I. Enter the disesses, or	complications that	caused the d	esth. On not	1 4001	K1tCn1	e Hwy	Baltı	more	, Md.	
	shock, or haart failure. IMMEDIATE CAUSE (Finel	List only one cau	se Dn each lin	a. /		/	den es cer	diec or reepir	atory arr	eat,	Approximete Intervel Batween
- 1	disease or condition	MLI	co. de	de l	1.6	tion					Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE OF):	Lya	1000					+
z		. /	119 de 4	tes	ľ						İ
일	Sequentielly list conditions, if any, leeding to immediate	DUE TO	OR AS A CONSE	QUENCE OF):							İ
2	CAUSE (Disease or Injury	с		_							
<u> </u>	that initieted evente	DUE TO	OR AS A CONSE	OUENCE OF):							
H 1	Tooding in death) CAST	d									
ERTIFICATION				District Co.	ha sandaulul	na ceuse aiven	In Part I	24e, WAS AN A	LITORCY	245 4	EDE ALIZADAY ENDALIZA
O	PART II. Other aignificent condition	ne contributing to	death but not	ne contributing to death but not reaulting in the under					AED?	A	ERE AUTOPSY FINDINGS
O	PART II. Other algoriticent condition	ne contributing to	death but not	reaulting in t	ne underlyi	g		1000			MAILABLE PRIOR TO
O	PART II. Other algorificent condition	ne contributing to	death but not	reaulting in t	ne underlyi			233.7	□ NO		OMPLETION OF CAUSE F DEATH?
O	PART II. Other algorificent condition	ne contributing to	death but not	reaulting in t	ne underlyi			233.7	□ NO	0	OMPLETION OF CAUSE
O	25. WAS CASE REFERRED TO MEDICAL	ne contributing to	death but not	reaulting in t			Chack only o	1 TYES 2	□ NO	0	OMPLETION OF CAUSE F DEATH?
O		HOSPITAL:		0	26. I	PLACE OF DEATH		1 YES 2 (□ NO	0	OMPLETION OF CAUSE F DEATH?
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 28e. DATE OF	EN/Outpatient 3	DOA 4	26. (THER: Nursing Ho F 28c, (N		e 8 🗆 Othe	1 TYES 2		1	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	EN/Outpatient 3	DOA 4	26. THER: Nursing Ho F 28c. IN	PLACE OF DEATH	e 8 🗆 Othe	1 YES 2 (1	OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, Da	EN/Outpetlant 3 NJURY (y 'ber') INJURY — At ho	DOA 4	26. ITHER: Nursing Ho F 28c. IF N	PLACE OF DEATH The 5 Residence JURY AT ORK? YES 2 NO	28d. DE:	1 YES 2	JURY OCC	URED D	OMPLETION OF CAUSE F DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, Da	EN/Outpatient 3	DOA 4	26. ITHER: Nursing Ho F 28c. IF N	PLACE OF DEATH The 5 Residence JURY AT ORK? YES 2 NO	28d. DE:	1 TYES 2	JURY OCC	URED D	OMPLETION OF CAUSE F DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28s. DATE OF I (Month, De) 26s. PLACE OF building, s	MJURY , Year) INJURY — At hote, (Specify)	DOA 4 28b. TIME OF INJURY	26. If THER: Nursing Ho F 28c. If M 1	PLACE OF DEATH-1 TIME 5 PRESIDENT JURY AT ORK? YES 2 □ NO ce	28d. DE	1 TYES 2 (Specify) CRIBE HOW IN. ATION (Street an or Rown, State)	JURY OCC	URED OF Rural Rou	OMPLETION OF CAUSE F DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF I (Month, Da 28s. PLACE OF building, s	EN/Outpatlant 3 NJURY y, Year) INJURY — At ho	28b. TIME OF INJURY	26. If THER: Nursing Ho F 28c. If M 1	PLACE OF DEATH-	28d. DE:	1 TYES 2 (Specify) If (Specify) SCRIBE HOW IN. ATION (Street an or Town, State)	JURY OCC	URED Or Rural Rou	OMPLETION OF CAUSE F DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De 28e. PLACE OF building, s	EN/Outpatlant 3 NJURY y, Year) INJURY — At ho	28b. TIME OF INJURY	26. If THER: Nursing Ho F 28c. If M 1	PLACE OF DEATH	28d. DE:	1 YES 2 (Specify) CRIBE HOW IN. ATION (Street an or Rown, State) Jee(a) and mann and place, and	JURY OCC d Number of	URED URED d. cause(a) a	OMPLETION OF CAUSE F DEATH? YES 2 NO to Number,
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De 28e. PLACE OF building, s	EN/Outpatlant 3 NJURY y, Year) INJURY — At ho	28b. TIME OF INJURY	26. If THER: Nursing Ho F 28c. If M 1	PLACE OF DEATH-	28d. DE:	1 YES 2 (Specify) CRIBE HOW IN. ATION (Street an or Rown, State) Jee(a) and mann and place, and	JURY OCC d Number of	URED URED d. cause(a) a	OMPLETION OF CAUSE F DEATH? YES 2 NO te Number, and manner as stated.

De net strant sichatuhe

31. DATE FILED (Month, Day, Year)



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

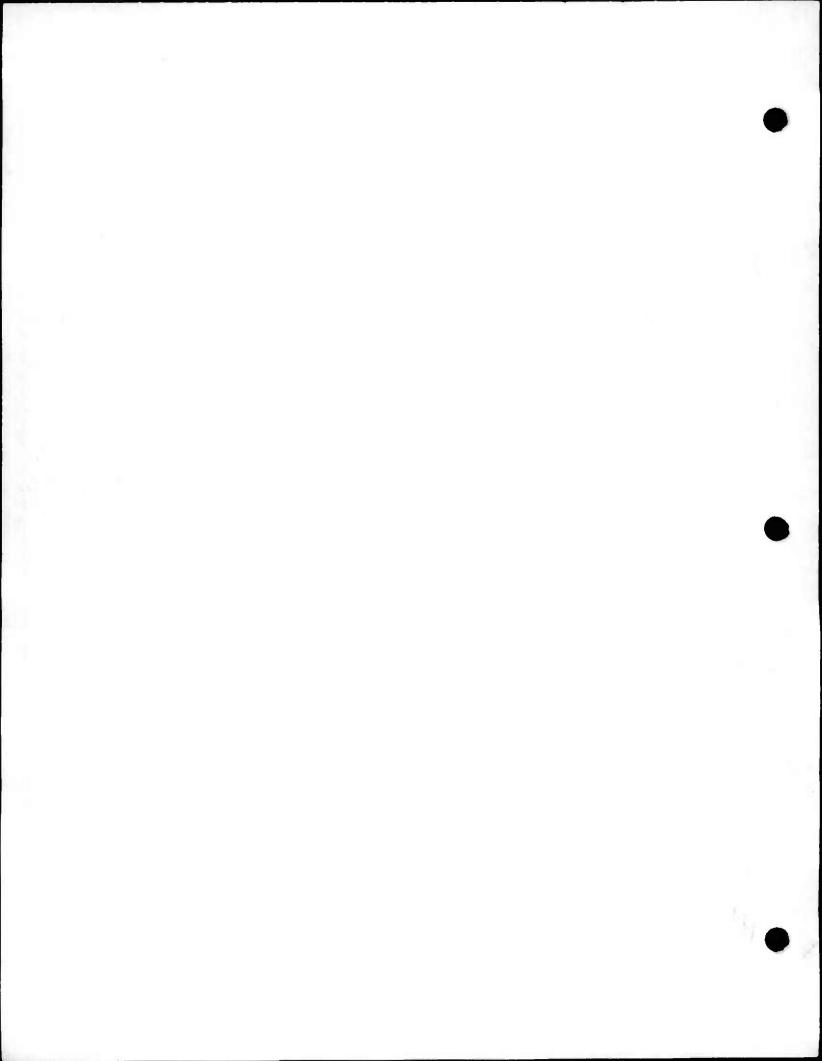
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Leat)

2. DATE OF DEATH

AND MARKET

	- 1	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIM									ME OF DEATH		
		Daniel					October 28, 1991			:55A M			
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month/ Day, Year)	8.5		(State or Foreign
plnods		9a. FACILITY NAME (If not institution, give st		60	YRS.	9h CITY	TOWN C	D I OCAT	ION OF DE	3/26/3		En/	timore
2, 3	TOR	Marvland General		a <u>1</u>		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City							
Pages 1,	RECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	11 1		10c, CITY	CITY, TOWN OR LOCATION 10d. INSIDE CITY					NSIDE CITY		
Se Se Se Se Se Se Se Se Se Se Se Se Se S	FUNERAL DIR	10a. STREET AND NUMBER	1	Baltimore					LIMITS?				
		2002 Madis		2/2/7					10g. CITIZEN OF WHAT COUNTRY?				
0020		11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED	11	yee, sp	ENDENT	en, Maxican	C ORIGIN? (Specify Yee, Puarlo Ricen, etc.)		RACE — Am Black, White Specify	nericen Indien,
215-00 attending pr	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EQUO	ATION									Ð	hck.
2 2		(Specify only highest grade	completed) College (1-4 or 5 i	(Gh	CEDENT'S U ve kind of wo Do NOT use	ork done d	CUPATIO	ON st of worki	ing	18b. KIND OF BUS	SINESS/INDUST	RY /	
G g C	1 -1 1	Continuity (0-12)	College (1-4 or 5)	"	1A	int	eN	_		_Ind	ustri	al	
YLA by the be det	E COMP	17. FATHER'S NAME (First, Middle, List)											
MAR s retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	Bulli	/ 19b	. MAILING	ADDRESS	Siene	nd Numbe	r or Rural Ro	outs Number, City or Tow	State, Zip Cod	1/4	111
RE, may by f. page st be		20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from Stata	20b. PLACE A	ND DATE OF	F DISPOSIT	TION	me of	P	194 29/20	CATION — City	or Town, Sta	10.
		4 Donetion 5 Other (Specify)	PHSEE	remetery, crem	vriso	1	TZ	D. ADDRE	SS OF FAC	IVID CA	lings i	WILL	5,140.
SAL r death se fune al.		71,940	Drow	w		12	0/2-	in	Ci.	Brown C	Showing	25/1	F. Hone
A SE S		23. PART I Enter the diseases, or cahook, or heart failure. L	omplications that	t caused the dea	nth. Do no	ot enter t	the mo	de of dy	ing, auch	aa cardiac or reapi	ratory arreat,		Approximate
File on,		IMMEDIATE CAUSE (Final disease or condition	and only brief out	oo bii dadii iiile.									Interval Between Onset and Death
within pletel crema		a. Dilated Cardiomyopathy secondary to DUE TO (OR AS A CONSEQUENCE OF):											
executed and con o burial, natic en	N	Sequentially list conditions, Alcoholic Seizures											
a cian be	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE OF):									
Fe p phy	E E	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF):	:							
1 5 5 5	CERI	resulting in death) LAST	•										
The d		PART II. Other algnificant conditions	contributing to	death but not re	aulting in	the und	leriying	cause	given in P				AUTOPSY FINDINGS
1 8 3 E C	EDICAL									PERFOR			BLE PRIOR TO ETION OF CAUSE ATH?
2 0 0 0 E	Σ									_			ES 2 XNO
AL he law e has t e Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chec	k anty one)			
F VIIAL KE SICIAN: The law req certificate has been the State Dept. of tem 23 sho	YSIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3		OTHER:				Other (Specify)			
S F is is S	PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da		26b. TIME INJUI	OF 2	86c. INJU	RY AT		28d. DESCRIBE HOW IN	JURY OCCURE	D	
DING PHYS After this death with	B	2 Accident Investigation	28a, PLACE OF	INJURY — At hom	no form etc	M factor		E\$ 2 [
CTOR: CTOR: after	TED	4 Homicide a Could not be detarmined	building,	etc. (Specify)	, tarii, sti	reet, ractor	y, office			281. LOCATION (Street e. City or Town, State)	nd Number of Ru	iral Route Nu	mber,
1 Per Par Par Par Par Par Par Par Par Par Pa	PLE	29e. CERTIFIER (Check only	IAN: To the best of	my knowledge, dea	th occurred	at the tim	ne, data i	and place	, end due to	the cause(e) and men	ner se stated.		
HOSPITAL FUNERAL WITHIN 72 H	COMPL	2 MEDICAL EXAMINER	On the basie of ex	amination end/or in	rvestigation,	, In my opi	Inion, de	ath occur	red at the ti	me, data end plece, end	due to the cau	se(e) and m	anner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	11	11 7)				ENSE NUMB	ER	29d. DATE SIG		
₽ ₽ ₽ ¥	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) /Benn 0	Print)		1	n/a		10	_ 28	8-1491
1.1		Tarek Salkini	, M.D.				land	l Ger	neral	Hospital			
141		31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE									
		08T 291	001 4	Sie Neudro	1-Almo	1082							



TO THE HOSPITAL DR ATTEND.
TO THE FUNERAL DIRECTOR: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be refaired by the tibspital or attending physician.
TO THE FUNERAL DIRECTOR: The minimate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Minimate in the marked, or Item 23 shows any injury, or other traumatic event, the medical examiner multi be notified at once.

BALTIMORE, MARYLAND 21215-0020

TAL RECORDS, P.O. BOX 68760,

	1	ı -	FOR STA REC	R ATE BIST	RAR
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	HEGISTRAN				EKIIF	ICAL	E OF	DEA	IH		REG. NO.				
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH	v	YEAR	3. TIME OF DEATH	
	ROSIE	HUF								OCTOB			1	7:35a.m.	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF (Month, D	BIRTH lay, Ybar)		8. BIRTHE	LACE (State or Foreign	
	213-32-3452		1 M 2 X F	58	YAS.		U	поона	-	3-25	-33		Country	D	
œ	9e. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH				
0	THE JOHNS	HOPKI	NS HOSPIT	AL		BALT	CIMO	RE CI	TY			BAL	TIMO	RE CITY	
DIRECTOR	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					T	10d. INSIDE CITY	
PIG I	MD					RAI .	TIMO	RF					LIMITS?		
AL	10e. STREET AND NUMBER					BALTIMORE 101. ZIP CODE						YX YES 2 ☐ NO			
E	419 E. 28th	STRE	FT			109. 0112					USA				
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT	OF HISPAN	NIC ORIGIN? (Specify Yes	or No-		- American Indian	
BY FUNERAL	1 Never Married 2 XXX 3 Widowed 4 Divo	-	IF YES, GIVE W	YES 2 C	уно		II yes, sp	ecify Cube 2XXNO	m, Maxice	n, Puerto Rice	en, atc.)		Black, Specify	- American Indian, White, atc.	
			1										BLAC		
COMPLETED	(Specify only	EDENT'S EDU highest grade	completed)	100	Give kind of	work done	during me		ng	16b. Ki	ND OF BUS	INESS/INC	DUSTRY		
٣	Elementary/Secondary (0 N/A	-12)	College (1-4 or 5 -	-)	NEMPL										
No.	17. FATHER'S NAME (First, Mi	iddle Leet		0	TENT E	OILU	_		_						
	AMOS	WEATH	FDRFF						SSIE.	JACC		Sumema)			
BE	19a. INFORMANT'S NAME (7)		LNDLL		ISS MAIL INC	ADDRES	C (Ctmat a			Route Number,		All services			
2	LEROY HURT				3411	ADDRES (COUR	TI FT	GH DI	R./BAL	TIMOS	RE N	(10) 21	207	
	20e. METHOD OF DISPOSIT	ION		20b PLAC	EANDDATE					OATE	-		City or Tow		
	1 1 Buriel 2 Cremation 4 Donation 5 Donat	n 3 🗆 Ram (Specify)	oval from State						M.	DATE					
	4 Donation 5 Other (Specify) GARRISON FOREST VA CEM. OWINGS MILLS,										,				
-6	Valou I. Nillus						мс	MARC	H F	H./110	1 F.	NOR"	TH AV	ENUE	
\neg	23 Power Lenter the di		1100	-juli-cu										ENGE	
		our t langer.	List only one cau	se on each ile	aatn. Do i 1e.	ot anter	the mo	de of dy	ing, suci	h as cardiac	or reapir	atory arr	est,	Approximata Interval Batween	
	IMMEDIATE CAUSE (Fin disease or condition	al	5	0.0=.0										Onset and Death	
	resulting in death)	→	a. Due To	CDS15	EQUENCE O									3days	
-		_												2	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO OR AS A CONSCOUENCE OF):										2 weeks				
8	cause. Enter UNDERLY!	NG	C.	1										İ	
E	that initiated events		DUE TO	(OR AS A CONS	EQUENCE O	7:									
H	resulting in death) LAST		d												
2	PART II. Other significan	nt condition	s contributing to	death but not	resulting	n the ur	deriving	Cause	alven in	Part I 24	. WAS AN	HITTORON			
MEDICAL	Sickle a	ell di	sease.	cardin	7100 10	2001	1	, 00000 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFORI	MED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE	
	history o	£ 000	a all lace	CVGGT	Mics	Spoce	ng)		- 11	YES 2	NO		OF DEATH?	
≥	13.019	- 000	anaocgi	0212						-			,	TYES 2 NO	
₹	25. WAS CASE REFERRED TO	MEDICAL					28 PI	ACE OF O	EATH (Che	eck only one)					
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	₹:								
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	JRY AT	eldence	8 Other (Sc 28d, DESCRI		JURY OCC	URFO		
BY		Pending rivestigation	(Month, Da	ty, Year)	INJ	URY M	1 🗌 Y	RK? 'ES 2	NO				Ones		
- 16	• 🗆 • • • • • • • • • • • • • • • • • •	Could not be	28e. PLACE OF	F INJURY At h	ome, 1erm, s	treet, lect	ory, office			281. LOCATIO	N (Street er	nd Number	or Rural Ros	ute Number	
		letermined	bunding,	etc. (Specify)						City or To	wn, State)				
COMPLETED	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurre	d at the t	ime, date	and place	and due	to the council) and more				
8	one) 2 MEOK	CAL EXAMINE	R: On the besis of ex	emination end/or	Investigatio	n, In my o	pinion, de	eath occur	ed at the	time, date and	plece, and	due to the	ec. e couse(e) a	and manner es stated.	
	296. SIGNATURE AND TITLE					_			NSE NUM					5 1000 1000	
8	1/100	la	BSO	avo	M	0		THE LICE	196	57		DATE	SIGNEO	fonth, Day, Year)	
유	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type.	Print)		J	110	, _	1		0/2	6 91	
	NICOLA	B	RANO	600	NW		5	+	Bal	Home	ve l	DN	21	205	
	31. DATE FILEO (Month, Day, Year) ULI 29 1991 92. REGISSAAR'S SIGNATURE														

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201 8 9 1991 g Shadidan 1991 B S 100

	1 - STATE STATE	OF MARYLAN	D / DEPAR CERTIF	TMENT OF H	EALTH AND N	NENTAL HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF OEATN		3. TIME OF DEATN		
- 1	HILLEARY, JOHN	R				MONTH DA				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	RTHPLACE (State or Foreign		
	213-05-7696 10XM 2	E 82	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-12-09		nknown		
	9a. FACILITY NAME (If not institution, give street and nut			9b. CITY. TOWN O	OR LOCATION OF DE		9c. COUNTY C			
œ										
FUNERAL DIRECTOR	St. Agnes Hospital Baltimore City N/A									
낊	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.									
품	Md. Howard		ת הש	icott	City			LIMITS?		
7	10e. STREET AND NUMBER				ZIP COOE		109. CITIZEN	OF WHAT COUNTRY?		
5	3334 E.North Chath	am Dd I			21043		TT Q	٨		
ž	11, MARITAL STATUS 12, WAS 0	DECEDENT EVER IN U.	S. ARMEO			IC ORIGIN? (Specify Yes	or No— 14. I	RACE — American Indian, Black, White, etc.		
		ES? 1 YES 2 S, GIVE WAR OR DATE:			ecify Cuban, Mexicar 2 NO Specify			Black, White, etc.		
BY	3 Wildowed 4 Divorced	,			- III III I	N/A		White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	e. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INDUST			
Li I		(1-4 or 5 +)	life. Do NOT u	work done duning mo se retired.)	st or working					
릴	N/A N/	Δ	Accor	ntant		N/A	4			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Maiden	Surname)			
<u></u>	Edward Hillearv				Eda	Martin				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural F	Route Number, City or Tow	n, State, Zip Code	Md. 21043		
2	Edith V. Hillearv							ott City.		
	20a. METHOD OF DISPOSITION 3 Removal from 1	20b. Pl	ACE OF DISPO	SITION (Name of ce			CATION — City			
	1 No Buriel 2 ☐ Cremetion 3 ☐ Removal from 9 4 ☐ Donation 8 ☐ Other (Specify)	State Tuni	ner place)	ark Ce	meterv	Bal	timor	e. Md.		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	NO ADDRESS OF FAC	CILITY				
	G Marriage Galac					more Nat		Pike		
	G. Truman Sch		a death Do			Md. 212		Approximsta		
	shock, or heart fellure. List only			not antai tria int	rua or dynng, suci	i sa curdiac of respi	natory arrest,	Intarval Batween		
- 1	IMMEDIATE CAUSE (Final disesse or condition	A	1-	Chalen	٥.			Onsat and Dasth		
	resulting in daeth) s	MUIT NO DUE TO (OR AS A CO	NSEQUENCE O	JIVOKE	L					
_		Parkins		.,.						
ō	Sequentially list conditions,	DUE TO (OR AS A CO		F):						
X	If any, leading to immadiata cause. Enter UNDERLYING									
Ĕ	CAUSE (Disessa or Injury that Initisted events	OUE TO (OR AS A CO	ONSEQUENCE O	F):						
CERTIFICATION	resulting in death) LAST									
	DADT II. Other claudings conditions contrib	utlag to death but		le the contestor	- course street to	Book I Torramonia	штопоч	ALL WEDS A STATE OF S		
CAL	PART II. Other significant conditions contrib	uting to death but	not resulting	in tha undanyir	g cause givan in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 _ YES 2	NO	OF DEATH?		
ME								1 TES 2 NO		
ż										
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL:		26. P	LACE OF DEATH (Ch	eck only one)				
YSI	1 ☐ YES 2 NO 1 1 1 Inpa	tient 2 ER/Outpati		4 - Nursing Nor	ne 5 🗆 Residence	8 Other (Specify)				
F		Month, Day, Year)	*28b. TII		JURY AT ORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED		
ВУ	Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offi	:0	28f. LOCATION (Street City or Town, State)		turni Route Number,		
H	4 Homicide determined									
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To ti	he best of my knowled	ge, death occur	red at the time, dat	e end place, end due	to the ceuse(e) end me	nner ee stated.			
50	0716) 2 MEDICAL EXAMINER: On the	basis of examination e	nd/or investigati	on, in my opinion,	death occured at the	time, dete end plece, er	nd due to the ce	suse(e) end menner ee stated.		
U U	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)		
0	M. Choi, mp						•			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE	ETEO CAUSE OF DEAT	N (ITEM 27) (Typ	e, Print)	1					
	M. Choi, mp St	Agres 1	10sp	900 1	tan A	R. Bal	time e	MO		
	31. DATE FILEO (Month, Day, Year) 32.	REGISTRAR'S SIGNAT	URE	/	1-11					
	OCT 29 1991 Allia	Davidson-R	inde 22							

	TO THE HORDING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	for use as		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	he hospir	detached		once.
	50	d be		1 31
	retained	5 shoul		notitie
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	require	been sig	t. of He	Shows
	ne law	has	Depi	п 23
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	VG PHY	ter this	ath with	narke
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	THE T	Ē	M Di	NTTA.
	TO T	10	be file	IMPC

	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	RTMEN	IT OF H	IFAITH AND	MENTA! HY		2	9343
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) JUI		HOPKI	ERTIF	ICAT	E OF	DEATH	2. DATE OF DE	G. NO.	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 212-09-2822	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BILL (Month, Day, 6-1	RTH	6 DIDTHO	6:00 A. PLACE (State or Foreign
S S	98. FACILITY NAME (If not institution, give s SUMMIT NURS I						DR LOCATION OF D	EATH	9c. COUI	ENC.	ATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND BA	10c. CIT	Y, TOWN	OR LOCAT	TONSVII	J.E	T F: 10d.				
ERAL	100. STREET AND NUMBER 98 SMITHWOOD AVE. 101. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 X NO 14. RACE - America										
B	3 X Widowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 X NO Specify:								-	- American Indian, White, afc.	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	completed)	(Gi	CEDENT'S ive kind of a Do NOT us	work done	during me	ON ast of working	16b. KIND	OF BUSINESS/IND		
MPL	12	College (1-4 or 5	*)	PSY	CHI	ATR			ELF EMP	LOYE	D .
BE CC	ROBERT P. FARLEY EMMA CAPEL										
2											01
	20a. METHOO OF DISPOSITION 1 A Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE A Germetery, cres WOOD	MAD DATE OF THE LAWN	OF DISPO	SITION (Na	ms of	DATE	20c LOCATION -	Mts. or Tour	
	21. SIGNATURE OF FUNERAL SERVICE LIC				H	ENR	ADDRESS OF FA	LENKTN	S & SO	VS	
	23. PART I. Enter the diseasea, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat Only one cau	t caused the decise on each line.	in ,	not ente	r the mo	de of dying, suc	th as cardiac o	r reapiratory arro	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	(OR AS A CONSEQ								
MEDICAL	PART II. Other algolificant condition Officers algolificant condition Officers algolificant condition	a contributing to	death but not re	esulting i	n the u	nderiying	; cause given in		MAS AN AUTOPSY PERFORMED? YES 2 X NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:	ACE OF OEATH (Ch		***		
BY PHY											
ED	3 Suicida 6 Could not be 4 Homicide detarmined	28s. PLACE Of building,	F INJURY — At hon alc. (Specify)	na, farm, a	treet, fac	tory, office		2af. LOCATION (Cify or Town	(Street and Number (, State)	or Rural Rou	ste Number,
COMPLET	29a. CERTIFIER (Check only one) 29a CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledga, dea	ith occurre	d at the t	lime, data	and place, and due	to the cause(a) a	nd manner as atate	d.	and manner as state of
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 10 NAME AND ADDRESS OF DEPCON MYO COMP.										

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

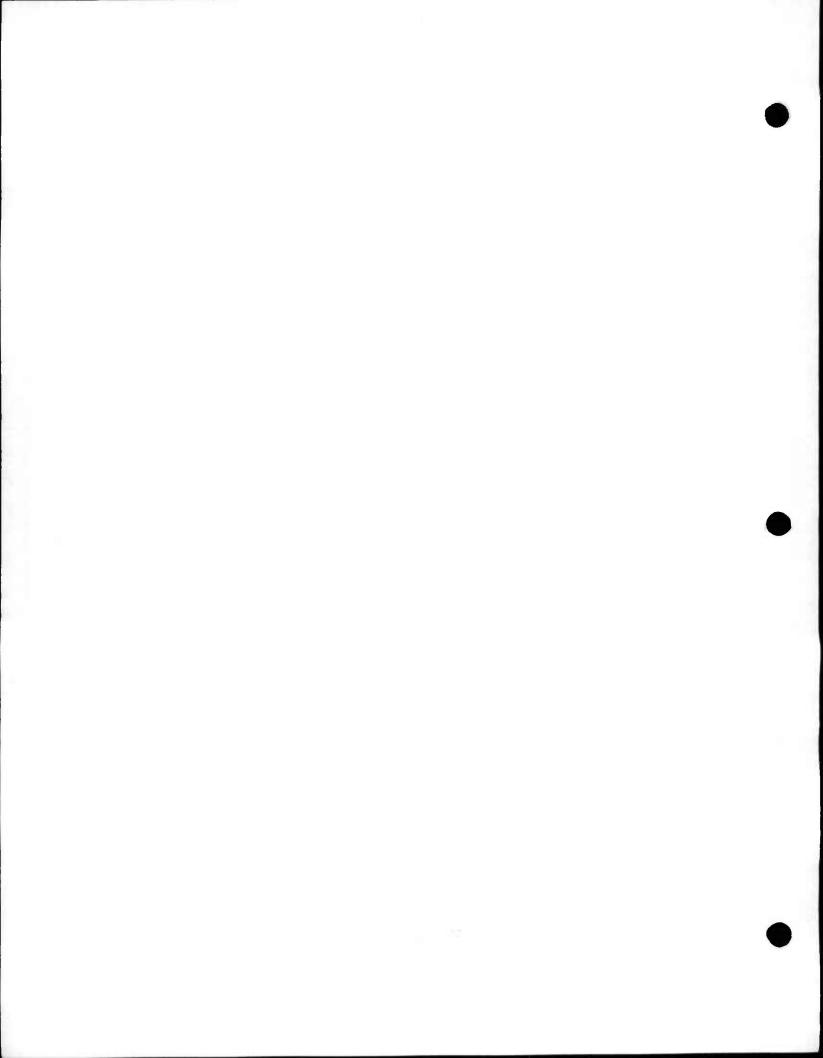
DAVID R. MOSEMAN M.D., 5205 EAST DRIVE, ARBUTUS, MARYLAND

31. DATE FILED (Month, Day, Vola)

OCT 29 1991

32. REGISTRAR'S SIGNATURE

OCT 29 1991



CONTURY)

10g. CITIZEN OF WHAT COUNTRY?

USA

Baltimore County

COUNTY OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH Occuber 27, 1994 Richard HINER Edward 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 215 22 2673 63 DAYS March 11 1928 0 M 2 F YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Franklin Sq. Hospital FUNERAL DIRECTOR Rossville RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore Middle River t permit. 10e. STREET AND NUMBER 10f, ZIP CODE 2149 Redthorn Rd 21220 for use as the burial-tra 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1- YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merrie BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Ser College (1-4 or 5 +) Instrument Maker 17. FATHER'S NAME (First, Middle, Last) Clarence Hiner 듁 BE notified 19e. INFORMANT'S NAME (Type/Print) 2 Elenora Hiner, Wife þe 20e. METHOD OF DISPOSITION

Burlel 2 Cremetion 3
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must cometery, cremetory or other placed reen Rount Crematory Donetion 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medicai n and completely filled in by 1 to burial, cremation, or remo 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the diseasa or condition Metastatic Lung Cancer event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician.

It. of Health and Mental Hygiene prior to shows any injury, or other traum cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL PHYSICIAN: certificate has be h the State Dept. d, or item 23 s 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OTHER: 1 YES 2 1 NO 1 Denpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF this c 28c. INJURY AT marked, Netural 5 Pending Investigation BY 1 YES 2 NO After 1 2 Accident 70 THE FUNERAL DIRECTOR: Aft TO THE FUNERAL DIRECTOR: Aft De filed within 72 hours after dr 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 8 Could not be ED 4 Homicide Ш COMPLI

3. TIME OF OFATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 - YES 2 - NO

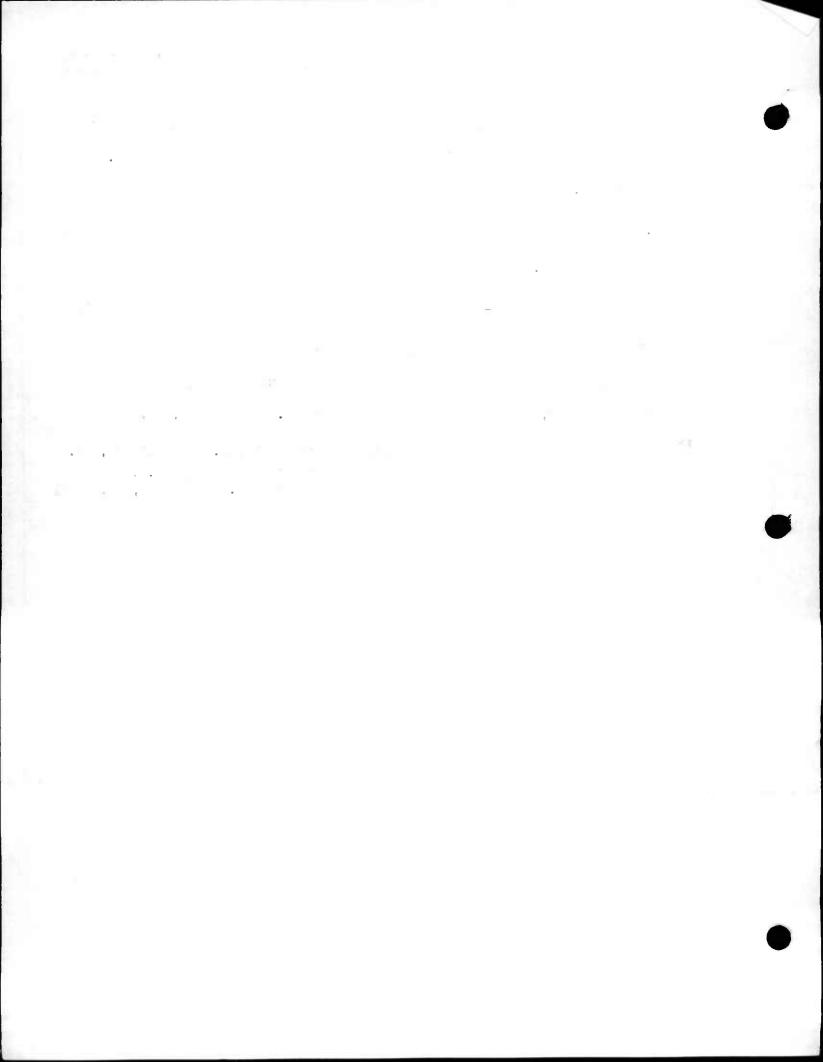
8. BIRTNPLACE (State or Foreign

Specify. Whi.te 16b. KIND OF BUSINESS/INDUSTRY Medical 18. MOTHER'® NAME (First, Middle, Maiden Surneme) Woltz Louise 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2149 Redthorn Rd. Baltimore, Md. 21220 DATE 20c. LOCATION — City or Town, State 10/31.91 Baltimore, Md. 22 NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. 1407 Eastern Ave. Baltimore, Md. 21221 Approximate Interval Batween Onaat and Daath 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 NO 1 TYES 2 NO 28. PLACE OF DEATN (Check only one) ng Home 5 - Residence 6 - Other (Specily) 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner ea stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) IN 40 10-27-91 36 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 600 N. Wolfe ST Balt. 120 21205 wer J. NOGA RYD MD 32. REGISTRAR'S SIGNATURE DHMN-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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31. DATE FILED (Month, Day,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Page 6 may be retained by the hor	TO THE FUNERAL DIRECTOR: After this certificate has been signatured by the afterding physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Legit, or result and mental rygiene prior to build, centration, or reflicted to the confidence of the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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AL (ALE	be filed within 72 hours after death with the State Dept. or hearts any wester prior to build, definition, or remova- IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex-
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SIREES 31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH :30 Woodrow W. Johnston 10 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 5. SEX 8. BIRTHPLACE (State or Foreign Country) 9707 MONTHS 21305 DAYS HOURS 1 M 2 F 4 West Virginia 9e. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH e cours City Baltimore ======= DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland _____ Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1409 Olive Street 21230 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 14. RACE - American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 ☐ YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: B 3 Widowed 4 Divorced World War White II 9 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY COMPLET intary/Secondary (0-12) College (1-4 or 5+) 12th Grade Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maurice Η. Johnston Bessie E. McDonough BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances A. Brown 3901 Fairhaven Avenue Apt. 1 Baltimore, Md. 21226 20s. METHOD OF DISPOSITION

1 Spurial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Dulaney Valley Memorial Gardens Timonium, Maryland 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 21. SIGNATURE-OF TUNERAL SERVICE LICENSEE ackard 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition Brible DUE TO (OR AS A CONSEQUENCE OF) resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CON OUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury pheral DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST po The PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 10 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 ☐ YES 2 ☐ NO nt 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as steted. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occursd at the time, data and place, and due to the cause(e) and m 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

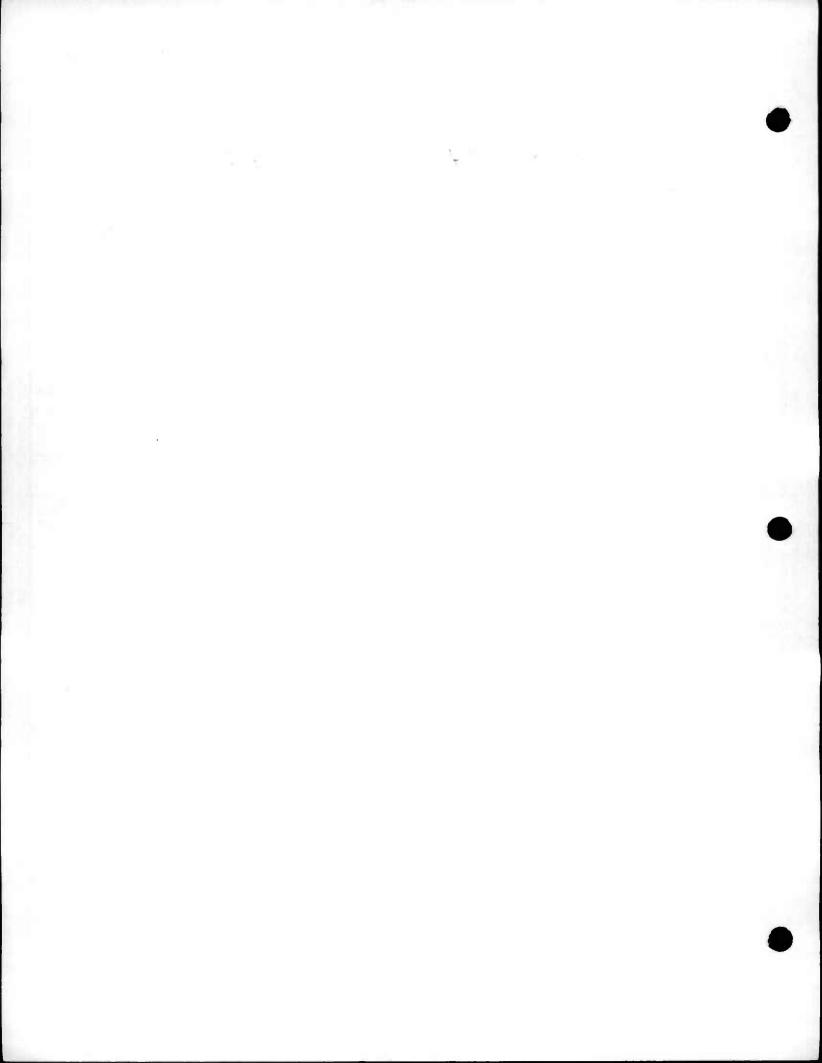
mpurarin

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S

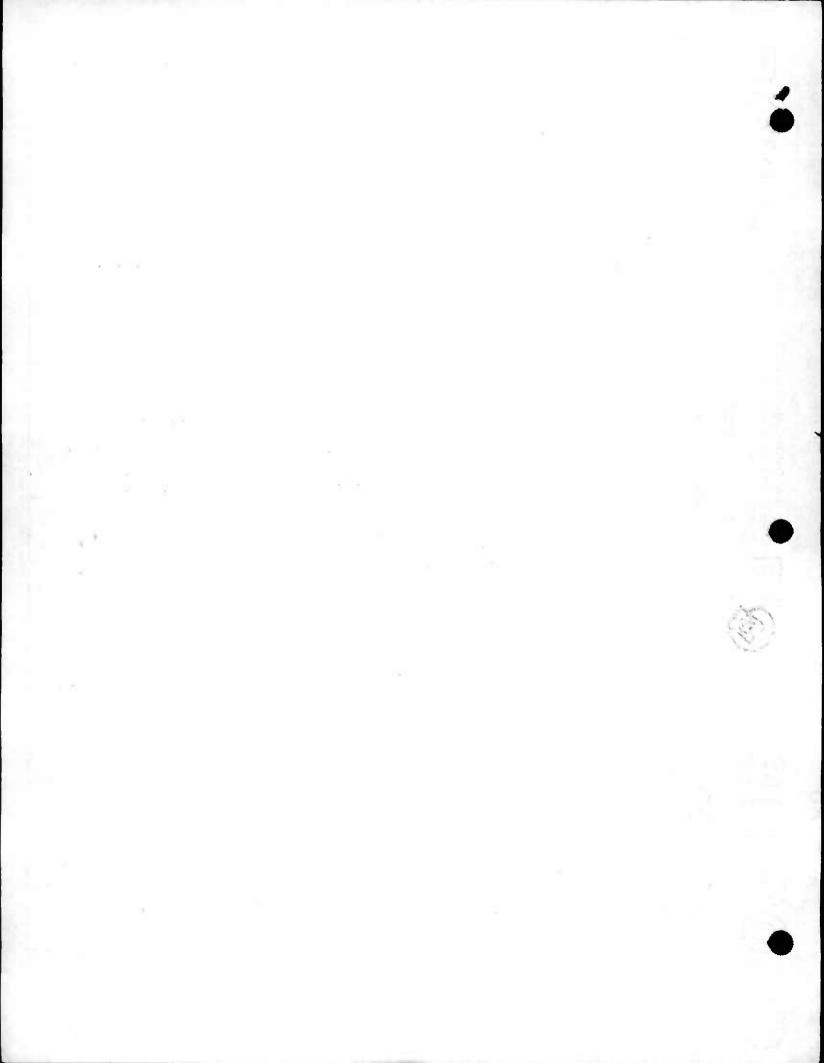
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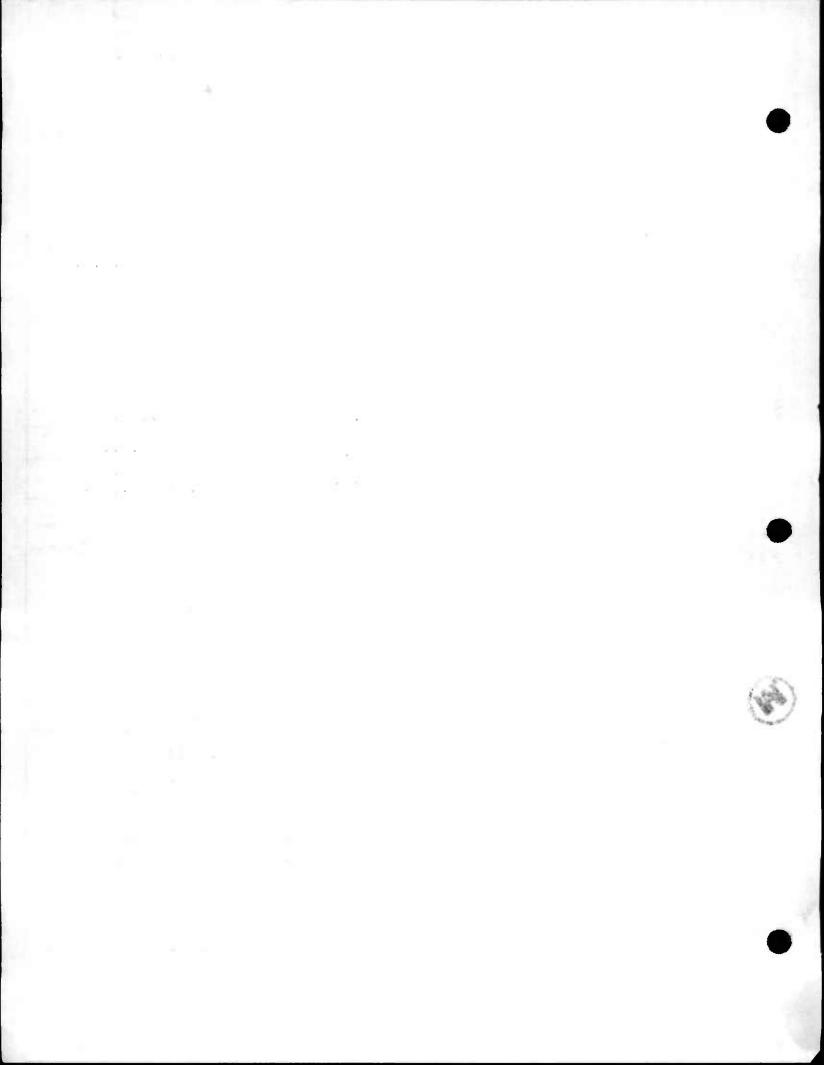


1		permit, Pages 1,	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the symbol content of the symbol or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the littre of the burnal transit permit. Pages 1, the flux within 72 hours after death with the State Debt, of Health and Metally and Metally certains, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ecuted with	nd complete burial, crem	atic event
BOX	X	a unit	Fraum
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TAL F	The law r	rte has be	ет 23 s
DF VI	PSICIAN:	is certification in the St.	ed, or it
NOIS	NDING PI	R: After th	is mark
DIVIS	OR ATTE	DIRECTO	Item 28
	HOSPITAL	FUNERAL	TANT: IF
	TO THE	TO THE	IMPOR

DECEDENT'S NAME (First, Middle, Lest)	CERTIFI			REG. N		3. TIME OF DEATH
Teresa A. John	son	17		MONTH	3 199	AR PA
SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	6. AGE (in yrs. lest birthday) YRS.		UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	91	BIRTHPLACE (State or Foreign Country) Maryland
s. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LO	CATION OF DEAT	1	9c. COUNTY	OF DEATH
THE JOHNS HOPKINS HOSPT	IAL	BALITMOR	E CITY		BALI	TMORE CITY
De. STATE 10b. COUNTY MD .	10c. CITY	town or Location Baltimo	re Cit	У		10d. INSIDE CITY LIMITS? 1 (2) YES 2 NO
to. STREET AND NUMBER		10f. ZIP	1225			.S.A.
3225 Gulf Port Drive	EVER IN U.S. ARMED		ENT OF HISPANIC	ORIGIN? (Specify		RACE — American Indian,
	YES 2 NO		Cuben, Mexican, I			Black, White, etc. Specify: Black
Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w	USUAL OCCUPATION rork done during most of a retired.)	working	16b. KIND OF	BUSINESS/INDUS	TRY
r. FATHER'S NAME (First, Middle, Last) Eadrich Clarke		18.	MOTHER'S NAME	(First, Middle, Male	-	
9s. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and N				
Eadrich Clarke		Gulf Por				
94. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify)	206. PLACE AND DATE				len Bu	rnie, MD.
1. SIGNATUME OF FUNERAL SERVICE LICENSEE	#281					N.Monroe St
Sequentially list conditions, fany, leading to immediate asses. Enter UNDERLYING C.	(OR AS A CONSEQUENCE OF	P):	A			4 hours
PART II. Other algorificent conditions contributing to Tatra yterway Gra Pre Maturity	death but not resulting the Refere da	7	use given in Pa	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
· · · · · · · · · · · · · · · · · · ·			OF DEATH (Check	only one)		
5. WAS CASE REFERRED TO MEDICAL		OTHER:		Other (Specify)		
EXAMINER? HOSPITAL:	ER/Outpetient 3 🗆 DOA	4 - Nursing Home 5	☐ Residence 6			
EXAMINER? 1 YES 2 NO 1 Inpetian 2 7. MANNER OF DEATH 26e. DATE OF (Month. D.)	INJURY 26b. TIM	4 Nursing Home 5 E OF 28c, INJURY WORK?	AT 2		W INJURY OCCUP	RED
EXAMINER? 1 YES 2 NO 1 Inpetient 2 7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 2 28e. PLACE Of	INJURY 26b. TIM	4 Nursing Home 5 E OF 28c. INJURY WORK? M 1 YES	AT 2 NO	8d. DESCRIBE HO	eet and Number or	Rural Route Number,
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not be MOSPITAL: 1 Inpetient 2 26e. DATE OF (Month, Discovery) 28e. PLACE Of building,	INJURY 26b. TIM (NJ etc. (Specify) and knowledge, death occurr my knowledge, death occurr	4 Nursing Home 5 E OF 28c. INJURY WORKY 1 YES street, factory, office	AT 2 NO 2	8d. DESCRIBE HO 8f. LOCATION (Sin City or Town, Si	set and Number or tate)	Rural Route Number,
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 9a. CERTIFIER (Check only) 1 YES 2 NO 1 Inpatiant 2 CERTIFYING PHYSICIAN: To the bast of	INJURY 26b. TIM (NJ etc. (Specify) and knowledge, death occurr my knowledge, death occurr	4 Nursing Home 5 E OF 28c. INJURY WORK? 1 YES street, factory, office ad at the time, data and	AT 2 NO 2	8f. LOCATION (Str. City or Town, St. the cause(s) and ne, dets and place	manner as stated,	Rural Route Number,
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 2 Accident 6 Could not be determined 2 EXAMINER: 1 NOSPITAL: 1 Inpetiant 2 28e. DATE OF (Month, Determined) 28e. PLACE Of building, 28e. PLACE Of buil	INJURY ay, Year) 26b. TIM INJ F INJURY — At home, farm, a etc. (Specify) my knowledge, death occur my knowledge, death occur my knowledge in the companion of	4 Nursing Home 5 E OF 28c, INJURY WORK? 1 YES street, factory, office ed at the time, data and on, in my opinion, death	2 NO 2 pleca, and due to occured at the tire	8f. LOCATION (Str. City or Town, St. the cause(s) and ne, dets and place	manner as stated,	Rural Route Number,



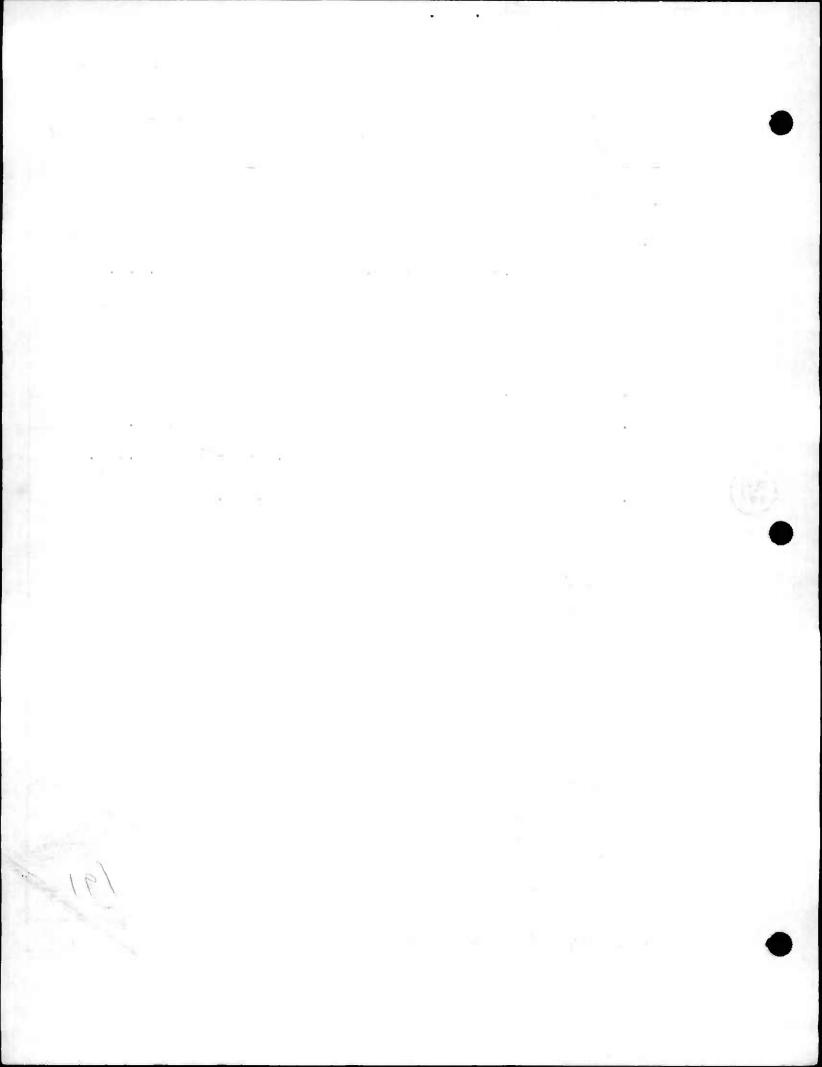
	1. DECEOENT'S NAME (First, Middle, L	ast)	Jon	ट्र				1	2; DATE OF C	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 C 2 Y 5 7 Y 3 1 M 2 DIF 9a. FACILITY NAME (If not institution, give street and number)				IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2 17/22		8. BIRTHPLACE (State or Foreign Country)	
ECTOR		PUTAN HO	8PITAL		96. CITY, TOWN OR LOCATION OF DEATH SCALLINGS 96. COUNTY OF DEATH						ATH	
DIR	MD .	UNTY			Baltimore 10c. city, town on Location Baltimore							
FUNERAL	2741 Edmon				21223						U.	S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	If yes, specify Cuban, Ma					n, Puarlo Ricar		14, RACE Black, Specify	- American Indian, White, stc. Black	
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	18a. D ((isa. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life, go NOT use retings) CUSCOCIAN						D OF BUSINESS/	NDUSTRY		
E COM	17. FATHER'S NAME (First, Middle, Las Hensley	Campbe	11				18. MOT		ME (First, Middl SSie	e, Maiden Surname)	
TO BE		, ,								Sity or Town, State, Balto		212
	20a. METHOD OF DISPOSITION 1CL Burlal 2 Commatton 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of cemetary, crematory or other place) Arbutus Mem. Park 10-29-91 Balto.MD.											
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	ecto #	28								Monroe MD.212
CERTIFICATION	ahock, or heert feliure. Liet only one ceuse on each line. Interval Betwee Onset and Dei Discharge or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Discesse or injury that initiated events resulting in death) LAST Liet only one ceuse on each line. Interval Betwee Onset and Dei Discharge of											
MEDICAL	PART II. Other algnificant cond	PERFORM					n. WAS AN AUTOP: PERFORMED? YES 2 NO	ED? AVAILABLE PRIOR TO COMPLETION DE CAUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 XYES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			s Other (S	pecify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending		Day, Year)	28b. Ti	_	25c. IN	JURY AT ORK? YES 2			BE HOW INJURY	OCCURED	
ED	3 Suicide 5 Could no	2 Accident Investigation 3 Suicide 5 Could not be 28e. PLACE OF INJURY — At home, farm										
COMPLET	anal anny	PHYSICIAN: To the best										and manner as at
BE	29b. SIGNATURE AND TITLE OF CER	TIFIER					29c. Lie	CENSE NU		29d. (DATE SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETEO CA	AUSE OF DEATH (IT	EM 27) (Typ	oe, Print)					60	-	



must be notified at once.

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours. TO THE FUNEFAL DIFECTION: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or main MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the means

1 - STATE REGISTRAR	SIAIE UP MANT		ICATE OF		REG. NO.	
1. OECEOENT'S NAME (First, Middle Last)					2. DATE OF DEATH	3. TIME OF DEATH
temma - Jack	JOULS EMI	MA MEDFO	ORD JAC	COBUS	10 - 28-	91 0215 A "
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
068-18-9534	1 M 2 TF	32 YRS.	MONTHS DAYS	HOURS MIN.	8-25-09	Puerto Rico
9s. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF C		COUNTY OF DEATH
St. Agnes Ho	snital		Ralti	more C	itv	N/A
St. Agnes Ho. RESIDENCE OF DECEDENT 10a. STATE Md. How.	1	L 40 - 017				
108. STATE			Y, TOWN OR LOCA	IIION		10d. INSIDE CITY LIMITS?
	ard	[Co]	umbia			1 YES 2X NO
104. STHEET AND NUMBER				of. ZIP COOE		CITIZEN OF WHAT COUNTRY?
10e. STREET AND NUMBER 6604 Fort Nig. 11. MARITAL STATUS 1 Never Merried 2 Merried	ht CtCo.			2104		U.S.A.
1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes, s	pecify Cuban, Maxic	NIC ORIGIN? (Specify Yes or No an, Puerlo Rican, atc.)	Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	OATES	1 TYE	S 2 NO Speci	My:	Specify: White
	JICATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUSINESS	
(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of life. Do NOT u	work done during mae retired.)	ost of working		
N / A	N/A	House	wite		N/A	
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12) N / A 17. FATHER'S NAME (First, Middle, Last)	- III A	House	WIIC	16, MOTHER'S N	AME (First, Middle, Maiden Surma	me)
	der H. Lee	2			a Irene Med	
10. INFORMANT'S NAME (Time/Dring)	der II. Det		ADDRESS (Street		Route Number, City or Town, Stat	
Lucy L. Bean		6271	Sunna	Snrin	g-Columbia,	Md 21044
20a. METHOO OF DISPOSITION		20b. PLACE AND DAT				N — City or Town, Stata
1 Donation 5 Other (Specify)		of cemetary, cremator	y or other place)	Tno	10-29-91 Ba	olto Md
21. SIGNATURE OF FUNERAL SERVICE LI		10 010 01	22. NAME /	NO ACCRESS OF F	ACILITY	
	3				timore Nati	
	n Schwab				e. Md. 2122	
23. PART I. Entar the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	e.		try	Lai	lun o	y srrest, Approximeta Interval Between Onset and Dash
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	S A CONSEQUENCE O	PVI	effi	isia	qe -
that initiated events resulting in death) LAST	a all	ef ve	in 7	Kenlla	phleleit	Tis .
PART II. Other significant condition	na contributing to deati	h bät not resulting	In the underlyl	ng ceuse given i	PERFORMED	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH					1 U YES 2 XN	OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	PLACE OF OEATH (C	theck only one)	
1 TES 2 NO	1 inpetient 2 ER/C	Outpatient 3 🗆 DOA	OTHER:	me 8 🗆 Residence	6 Other (Specify)	
27 MANNER OF DEATH 1 Netural 8 Pending 2 accident Investigation		ir) in	M 1	NJURY AT YORK? YES 2 NO	28d. OEŞCRIBE HOW INJUR	Y OCCUREO
3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factory, off	ica	281. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,
29s. CERTIFIER 1 CERTIFYING PHYS					ue to the cause(s) and manner a se time, data and place, and dut	is stated, is to the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	auf	and the appropriate of the		Da6	307 P	C. OATE SIGNED (Month) Day, Year)
30. NAME AND ACCRESS OF PERSON W	HO COMPLETED CAUSE OF	OEATH (ITEM 27) (Typ	e, Print) RAN	11 S. KA	RIPINENI	27
31. DATE FILEO (Morith, Day, Year) OCT 29 1991	32. HEGISTRAR'S S					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Gept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-5989-510 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH	MENIAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	F DEATH			3. TIME OF DEAT	ГН
	Mamie			John	son		MONTH 10	12	AY 1 Q	YEAR	7:13	р
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last 70?		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O			-	HPLACE (State or Fo	
DIRECTOR	90. FACILITY NAME (If not institution, give in 3418 GWVnn Fall RESIDENCE OF DECEDENT	street and number)			Balti	DR LOCATION OF E	DEATH		9c. COU	nty of	DEATH	
5	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	,
	Maryland	na			Baltimor						1 YES 2	NO
TONCHAL	3418 Gwynns Fa	lls Parky	vay		10	21216			10g. CIT	IZEN OF	WHAT COUNTRY?	
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARI YES 2 N WAR OR DATES	MED O	If yes, sp	ecity Cuben, Maxic 2 NO Speci	en, Puerto Ri	(Specify Yes	or No-	14. RAC Blac Spec	CE - American Indick, White, etc. city: Black	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ve kind of	DENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.)						NESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mi	ddle, Maiden	Surname)			
2	19a. INFORMANT'S NAME (Type/Print) OCIME		19b	MAILING	ADDRESS (Street a	nd Number or Rural	l Route Numbe	r, City or Tow	rn, State, Zij	D Code)		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b.PLACE A	natory or o	OF DISPOSITION (Na other place)	me of	DATE	20c, LO	CATION —	City or T	own, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIN		ld Wade,	Dir	22. NAME AI	O AODRESS OF F	ACILITY /	STAT	E AN	ATOM	Y BOARD	
	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEO	UENCE OI	F):	dima	2 Carl		Oh)			
	PART II. Other significant condition	ns contributing to	deeth but not re	suiting (In the underlying	g ceuse given in		24s. WAS AN PERFOR	MED?	241	b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
							-				1 NES 2 1	40
ı	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1100 144-2101		OTHER:	ACE OF DEATH (C)						
	1 N YES 2 NO 27. MANNER OF DEATH	1 Unpatient 2 L	ER/Outpatient 3	DOA 28b. TIM		5 1 Raaldenca	1	Specify)	NINE OO	DIEDED		
	1 Natural 5 Pending Investigation	(Month, D	ay, Year)	INJ	M 1 1	RK? 'ES 2 NO	26d. DESC	HIBE HOW I	NJUHY OCI	COMED		
	3 Suicide a Could not be determined	28s. PLACE O building,	F INJURY — At hon atc. (Specify)	na, farm, s	street, factory, office		28t. LOCAT City or	ION (Street a Town, State)	and Number	or Rural	Route Number,	
	29e. CERTIFIER (Check only one) t CERTIFYING PHYSI 2 X MEDICAL EXAMINE	CIAN: To the beat of R: On the beats of a	my knowledge, dea	th occurre	ed at the time, data	and place, and du	time, data a	e(a) and mar	nner as stat	ed.	s) and manner se of	tatad
1	296. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE NU		,,			O (Month, Day, Year)	
-	36. NAME AND ADDRESS OF DEPCON WH	×					E.		1.0	_	3 1991	
	AMS	LXON	11			eet. B	altin	nore	Mar	v l a	nd 2120	1
	31. DATE FILED Mohith, Day, Year)		R'S SIGNATURE									

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Y V a ser de X et (90)

TO BE COMPLETED BY FUNERAL DIRECTOR

AN	the hos	detach		once.	
BALTIMORE, MARYLAN	TO THE HIGSPITAL CHARGE AND A PAGE 18 FINAL The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	should he		IMPORTANT: It isem 28 Thankel, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
м Ш	y be n	sage 5		be no	
OR	6 ma	ector.		must	
2	h. Pagi	aral dir		niner	
SAL	r deat	nul at	2	ехэп	
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7	e iaw i	has be	Dept.	23 8	
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5	IJISIU!	s cert	単世	est, o	
7	F	i	i	TEST.	
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OF VITAL RECORDS, P.O. BOX 68/60,	1.09	Did.	hour	Hem	
	SPITA	MERAL	thin 72	MT.	
	HE H	면원	iled with	OHTA	
	2	2	8	E	

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAI	RTMENT (OF HI	EALTH AN DEATH	D MEN	ITAL HYGIEN	IE	25	350
1. DECEDENT'S NAME (First,									DATE OF OEATH			3. TIME OF DEATH
		DSEPH ST.	JEAN						TOBER 2	AY 6.199	YEAR	2:52 A.
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y	_	IF UNDER 24 HR	s. 7. D	ATE OF BIRTH	1	8. BIRTH	PLACE (Stete or Foreign
213-20-8546		1 X X M 2 □ F	66	YRS.	MONTHS D	DAYS	HOURS MIN	SE	PT. 25,	1925	MAR'	y YLAND
9e. FACILITY NAME (If not in				===	9b. CITY, TO	DWN OF	LOCATION OF				TY OF DE	
SUMMIT NURS		OME			CAT	ONS	VILLE			BA	LTIM	ORE
RESIDENCE OF DEC	10b. COUNT	v		Bridge.								
MARYLAND					TY, TOWN OR I							10d. INSIDE CITY LIMITS?
CATONSVILLE 1 VES XX									1 TYES XX NO			
	D 711=					101.	ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
38 DARROW D	RIVE						212			I	J.S.	Α.
1 Never Merried 2XX	Merried	12. WAS OECEDEN FORCES? 1	XXYES 2	RMED NO	13. WAS	S DECE	NDENT OF HIS	PANIC OF	RIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES				NO Sp		, , , , , , , , , , , , , , , , , , , ,			HITE
15. DECI	EDENT'S EDU	CATION	18e. D	ECEDENT'S	USUAL OCCU	JPATION			16b. KIND OF BUS	SINESS/INDI	_	TILE
Elementery/Secondery (0-		College (1-4 or 5 -		Give kind of le. Do NOT u	work done durii se retired.}	ng most	of working					
12			DI	STRIC	T MANA	AGEI	R		NEWS AME	ERICAN	NEV	NS PAPER
17. FATHER'S NAME (First, Min							18. MOTHER'S		irst, Middle, Meiden			
ALBERT CHAR		. JEAN							CLOCKER			
190. INFORMANT'S NAME (Ty	pe/Print)		1	9b. MAILING	ADDRESS (S	treet and	d Number or Ru	ral Routa i	Number, City or Tow	n, State, Zip	Code)	
MARY ELIZAB	ETH ST	. JEAN (RROW I				VILLE, MA			21228
20a. METHOD OF DISPOSITION 1X Nortel 2 ☐ Cremetion		nual from State			OF DISPOSITIO		e of		DATE 20c. LO	CATION — C	ity or Tow	rn, State
4 Donetion 8 Other	(Specify)		_ WÖÖDL	AWN C	EMETER	RY		10/29	9/91 WOO	DLAW	N, MAE	RYLAND
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	11		22. NAM	ME AND	ADDRESS OF	FACILITY				ERAL HOMES
Hus	sell	one	- The		LERC)I I	1. & K	USSE	TT C. MI	TZKE	FUNI	ERAL HOMES
23 PART I Fotor the die		amalia stana atau	1		1630) Ei	DMONDS	ON A	VENUE, CA	TONS	ILLE	E,MD.21228
23. PART i. Enter the dis shock, or he	ert failure.	List only one ceu	ae on each lin	eath. Do i e.	not enter the	e mode	of dying, s	uch aa	cardiac or reapi	ratory arre	est,	Approximate intervel Between
IMMEDIATE CAUSE (Fine disease or condition	ni	D										Onaet and Death
resulting in death)	→	· IN		MO		+						
		DUE TO	OR AS A CONSE	OVENCE O		1			^			
Sequentially list condition	ons.	MID	NPIL	AN.	+ 1	1/6	NIN	Va	MOI	7		
if sny, lesding to immed cause. Enter UNDERLYIN	iete	DUE TO	(OR AS A DONSE	OUENCE O	F):			-)			
CAUSE (Disease or injur												
that initiated events reaulting in death) LAST		DOE TO	(OR AS A CONSE	OUENCE OF	F):							
PART II. Other algnifican	t condition	a contributing to	death but not	reaulting	in the under	riying	cause given	in Part i	. 24s. WAS AN	AUTOPSY	245	WERE AUTOPSY FINDINGS
De	-	SION				-			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	4								1 TYES 2	X NO		OF DEATH?

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2

5 Pending Investige

27. MANNER OF DEATH

1 Natural
2 Accident

3 🗍 Suicide 28e. DATE OF INJURY (Month, Day, Year)

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA

STHER: 28c. INJURY AT WORK? 28b. TIME OF INJURY М

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED 2 NO

8 Could not be determined 4 Homicide

28e. PLACE OF INJURY — At home, farm, streel, fectory, building, etc. (Specify)

best of my knowledge, death occurred at the time, data and place, end due to the cause(s)

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month of

OCI 29 1991

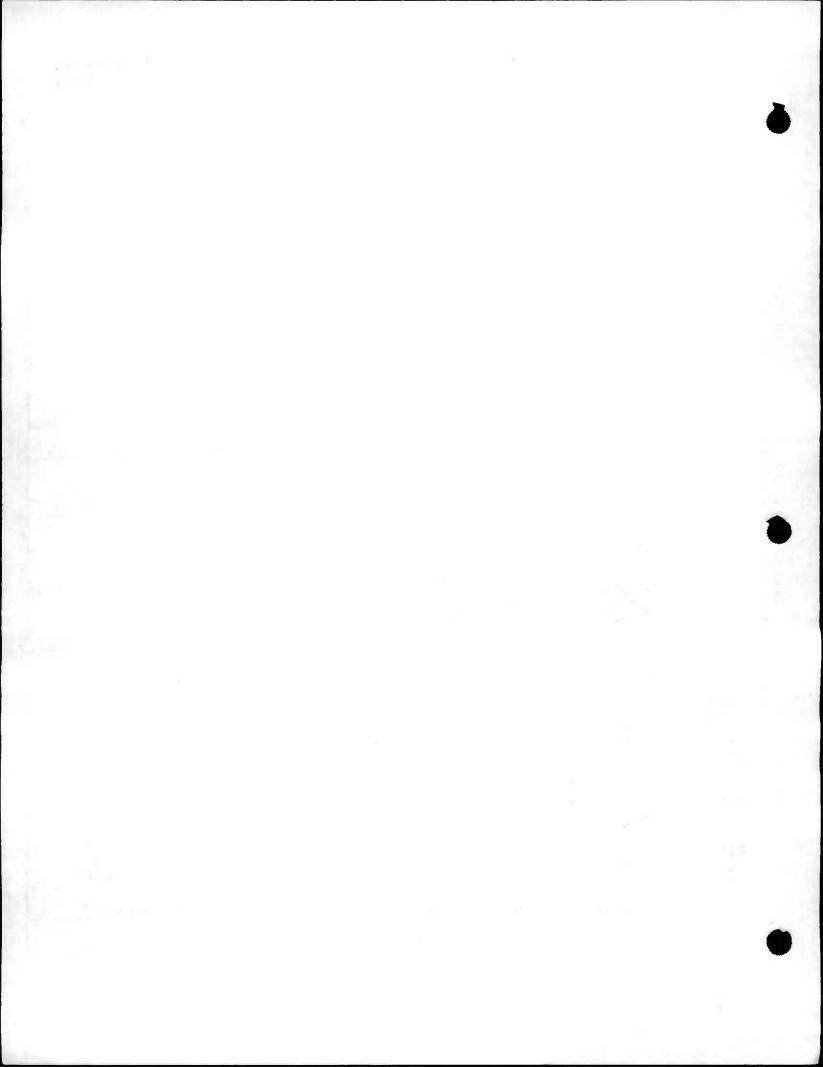


1001 23 1001 ghe history follows.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Investment that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fler death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has well about the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should neal
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTII	FICALE	OF DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last) JACK I.	E. LATHA	N			2. DATE OF DEAT MONTH 10	TH DAY 25 9	YEAR 3.	7:00		
4. SOCIAL SECURITY NUMBER 219-07-0616	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. last birthday, 72 YRS.		YEAR IF UNDER 24 HR		er)	Country)	LAND		
9a. FACILITY NAME (If not institution, give	street and number)	,-	9h CITY T	OWN OR LOCATION O			INTY OF DEA			
MERIDIAN - LON				TIMORE	COLAIN	SC. 000	JATT OF DEA			
RESIDENCE OF DECEDENT	G GREEN		DAL	TIMUKE						
10a. STATE 10b. COUNT	CA DATA AND						CATION 16d. INSI			
MARYLAND		BAI	TIMORE			1	YES 2 NO			
10e. STREET AND NUMBER						10g. Cf1	FIZEN OF WHA	OF WHAT COUNTRY?		
115 E. MELRO	SE AVENUE			21	1212		USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO AR OR DATES	lt y		SPANIC ORIGIN? (Speci ixican, Puerto Rican, et pecify:	American indian, white, etc.				
15. DECEDENT'S ED		16a. DECEDENT	'S USUAL OCC	UPATION	16b. KIND O	F BUSINESS/IN	IDUSTRY	WILLE		
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		of work done dur use retired.)	ing most of working						
11TH			ASING	AGENT	L	UCAS B	ROTHER	S		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Middle, M	laiden Sumame)				
IRA EDWARD L	ATHAM				ITH JUSTI					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (ural Route Number, City		(ip Code)			
ISABELLE LATHAM					BALTO.,					
20e. METHOD OF DISPOSITION		20b. PLACE AND DA				c. LOCATION -		State		
15 Burtal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	of cemetary, cremato	ory or other place	ce)			F. 1 - P. C.			
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	MORELAND	22. NA	IAL PARK	10/30/91 F FACILITY	BALTT	MORE,	MARYLAND		
1. 1.00	n Seis	70.	Α.	ALAN SEI	TZ, JR. F	UNERAL	HOME			
a aga	in Her	1 M	38	18 ROLAND	AVENUE,	BALTO.	. MD.	21211		
Sequentially list conditions, if any, leading to immediate	b. Mul	COR AS A CONSEQUENCE	OF):	5						
cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	IGH AS A CONSEQUENCE	0F):	syno	arne					
PART II. Other significant condition	na contributing to	deeth but not resulting	a in the und	eriving cause give	n in Part I 24a W	AS AN AUTOPS	7 24h W	TERE AUTOPSY FINDING		
		activities to destin	g m and and	oriying cadae give	PI	ERFORMED?	A	VAILABLE PRIOR TO		
					1 U Y	ES 2 NO	0	F DEATH?		
							1	YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH	(Check only one)					
1 TYES 2 NHO		ER/Outpetlant 3 🗆 DOA	4 Nursir	g Home 5 🗆 Realde	nce 6 🗆 Other (Specif	y)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		IME OF 2	BC. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED			
3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — Al home, fern atc. (Specify)	n, street, factor	y, offica	261. LOCATION (S City or Town,	Street and Numb State)	er or Rural Rou	ete Number,		
anal		my knowledge, death occur examination end/or investiga						ind manner as stated		
29b. SIGNATURE AND THE OF CERTIF	uns			D A	S987	29d. DA	TE SIGNED (A	North, Day, Year)		
30. NAME AND ADDRESS OF PERSON W				BLUD	BALTO	MO	212	39		
31. DATE FILED (Month, Day, Year)	7	R'S SIGNATURE								
UCI 29 1991	Tila Davids	on-Randell								



nsit permit. Pages 1, 2, 3 should

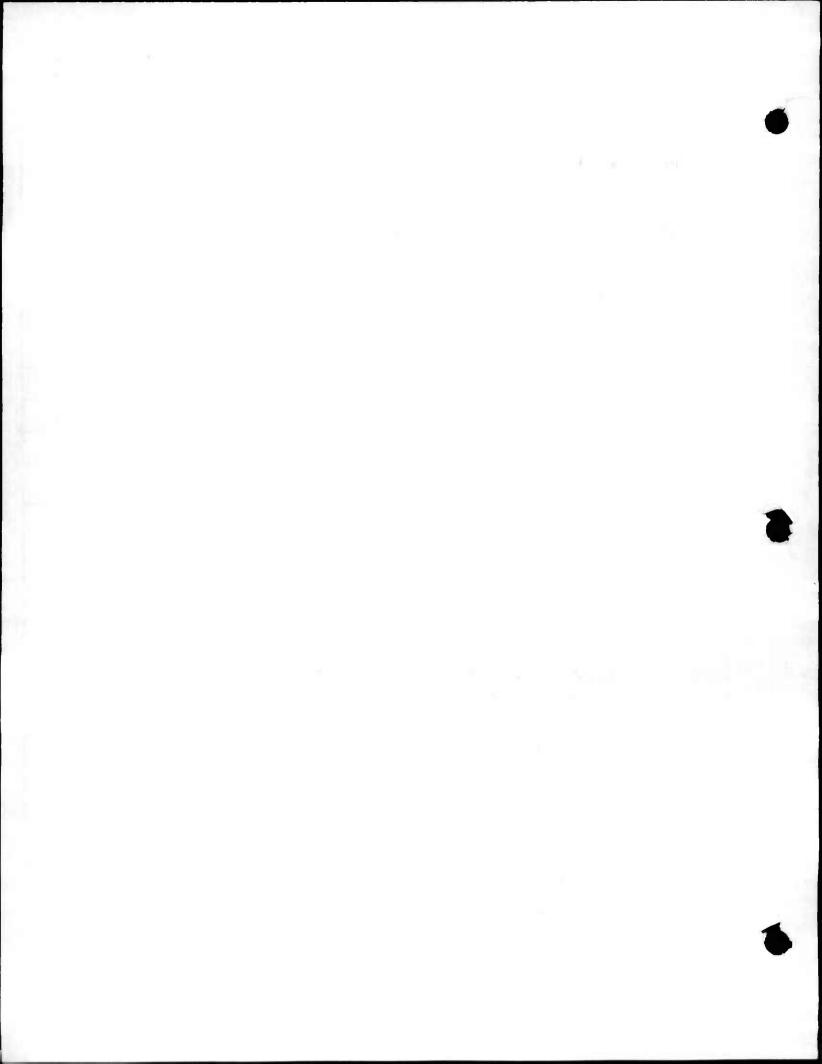
notified at once. be must examiner the medical event. injury, or other traumatic shows any certificate has been sint the State Dept. of Hi d, or Item 23 show marked,

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Geria Devidson

- Gandell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 410 0 U 100re 10 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 7334 92 1 M 2 F 39 8/13 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY 1/stown 1 /ES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN WHAT COUNTRY 3724 3 Kun 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Married 2 Merri 1 TYES 2 KNO Black Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 4 Momas BE 19b. MAILING ADDRESS (Street and I 0 21133 elallstown 206 PLACE AND DATE OF DISPOSITION (Name of completely), cremetory or other pilice) METHOD OF DISPOSITION RAC. LOCATION - City or DATE 102591 ADDRESS OF FACILITY H-West 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ea cerdiec or respiratory street. Approximata shock, or heert failure. Liet only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) U mona LOC DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate WIV cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigati t 🗌 Natural BY 1 YES 2 NO 2 Accident TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deal IMPORTANT: #f item 28 is m 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Mil Adam nan D 0 4001 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sina H05P 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



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TO THE HOSPITAL OR ATTENDAGE PHYSCHAN. The law mounted that the duath certificate be secured within 24 flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Same Dege, of Hearth and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If New 28 is marked, or New 23 shows any Injury, or other trainmatic event, the medical examiner must be notified at once.

G-681 11/1/91 cm	1					91	2	9353
1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		Т	3. TIME OF DEATH
Harold M. Meffor	rd, Sr.					26	YEAR	0200
4. SOCIAL SECURITY NUMBER	1	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8, BIRTHI	PLACE (State or Foreign
211-23-1033		63 YRS.	MONTHS DAYS	HOURS MIN.	7/26/28		Man	yland
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN C	OR LOCATION OF DI	EATH	9c. COUN	TY OF DE	ATH
University Hosp	ital		Baltimo	re				
RESIDENCE OF DECEDENT	(TY	10e CITY	TOWN OR LOCAT	2001				
University Hosp: RESIDENCE OF DECEDENT 100. STATE 10b. COUN Md.			timore	ION				10d. INSIDE CITY LIMITS?
		2002		ZIP CODE		Lan- DITIT		1 YES 2 NO
10. STREET AND NUMBER 1211 Washington 11. MARITAL STATUS 11. Never Marriad 2 M Marriad	n Blvd.		100	21230		10g. CITIZ	USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye	e or No.		
	FORCES? 1 X YES	2 NO	If yee, sp	ecify Cuban, Maxica 2 NO Specifi	in, Puerto Ricen, atc.)		Black, Specifi	- American Indian, White, etc.
	Korean C	onflict		to opacin	,		Specin	white
15. DECEDENT'S EC (Specify only highest green Elementary/Secondary (0-12) 1 0 17. FATHER'S NAME (First, Middle, Lest)	DUCATION de completed)	16e. DECEDENT'S L	JSUAL OCCUPATIO	ON st of working	16b. KIND OF BU	SINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use	retired.)					
10		Driver			Trucki	ng In	dust	ry
				1	ME (First, Middle, Melden	Surneme)		
Bishop Mefford				Ruth A				
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
Mary P. Mefford					., Balto.,			
1 Thurtal 2 Cramption 3 I fla	movel from State 20t	netery, crematory or oth	F DISPOSITION (Na er plece)	me of	DATE 20c. LO	CATION — C	ity or Tow	rn, State
4 ☐ Donation 5 ☐ Other (cocity) 21. SIGNATURE OF INTEGRAL SERVICE I	C:	netery, crematory or oth rownsvill	e Veter	ans Cem.	10/29 Cro	wnsvi	lle,	Md.
77	J L			D ADDRESS OF FA	cuty an Funeral			
Vary	d. Low	mours			. Elkridge		01	227
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	d the death. Do no sech line.	dia	de of dying, such	faicti	Plant	Pro	Approximata Intervel Betwee Onset and Date
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Hunder of the As A County To (OR AS A COUNTY OF A COUNTY OF A C	CONSEQUENCE OF,	stor	relli	tuz	à		
25. WAS CASE REFERRED TO MEDICAL EXAMINED TO NO. 27. MANNER 2 NO. 27. MANN	ns contributing to death b	out not resulting in	the underlying	cause given in	Pert I. 24s. WAS AN PERFOR	IMED?		HERE AUTOPSY FINDING WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chi	sch only one)		_	
1 DAES 2 1 NO	HOSPITAL: 1 ☐ inpatient 2 ☐ ER/Outp		OTHER:	5 Masidence	8 C Other (Specify)			
27. MANNER OF DEATH 1 Statural S Pending 2 Accident Investigation	The state of the s	26b. TIME INJU	OF 28c INJE NY WOR 1 V	IRY AT RK7 ES 2 NO	284. DESCRIBE HOW I	NJUHY OCCU	CSP	
2 Accident Investigation 3 Suicide & Could not be 4 Homicide determined	39e. PLACE OF INJURY building, etc. (Spec	— At home, term, str	eel, factory, office		281, LOCATION (Street a City or Town, State)	and Number or	Rural No	ute Number
29e. CERTIFIER (Check only one) 29 MEDICAL EXAMIN	SICIAN: To the best of my knowlers: On the best of examination	ledge, death occurred n end/or investigation,	at the time, date	end place, and dua	to the cause(e) end mer	nner as stated	i. ceuse(e)	end menner ee stated.
29b. SIGNATURE AND TUTLE OF CERTIFIE	R. Cru	3 m	D.	29c. LICENSE NUM				Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	ATR (ITEM 27) (Type, F	OFT 8	t. BA	Cto. M	1 2	12	30

BACto. Ned 21230

burial-transit permit. Pages 1, 2, 3 should

for use as the

be notified at

must

examiner

medical

event, the

other traumatic

-0 injury,

shows any

23

Item

6

marked,

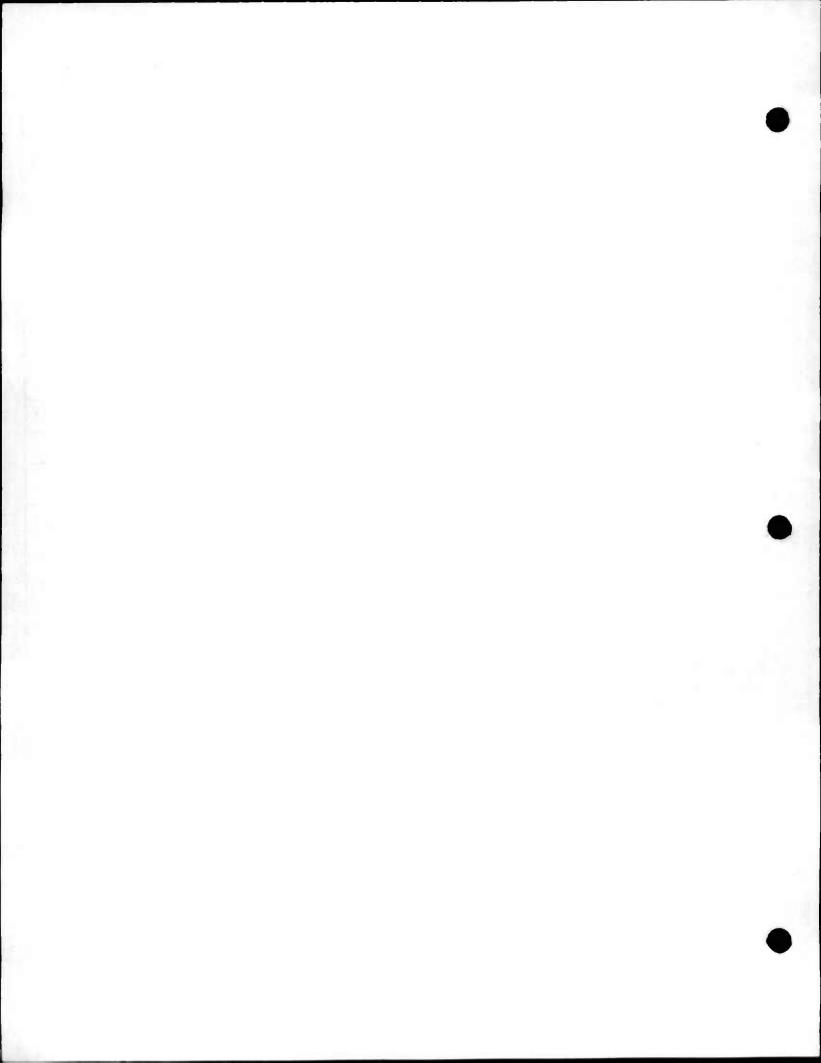
28 is

if item

IMPORTANT: TO THE P

MEDICAL PHYSICIAN: BY COMPLETED BE

DHMH-16 Rev 1/89

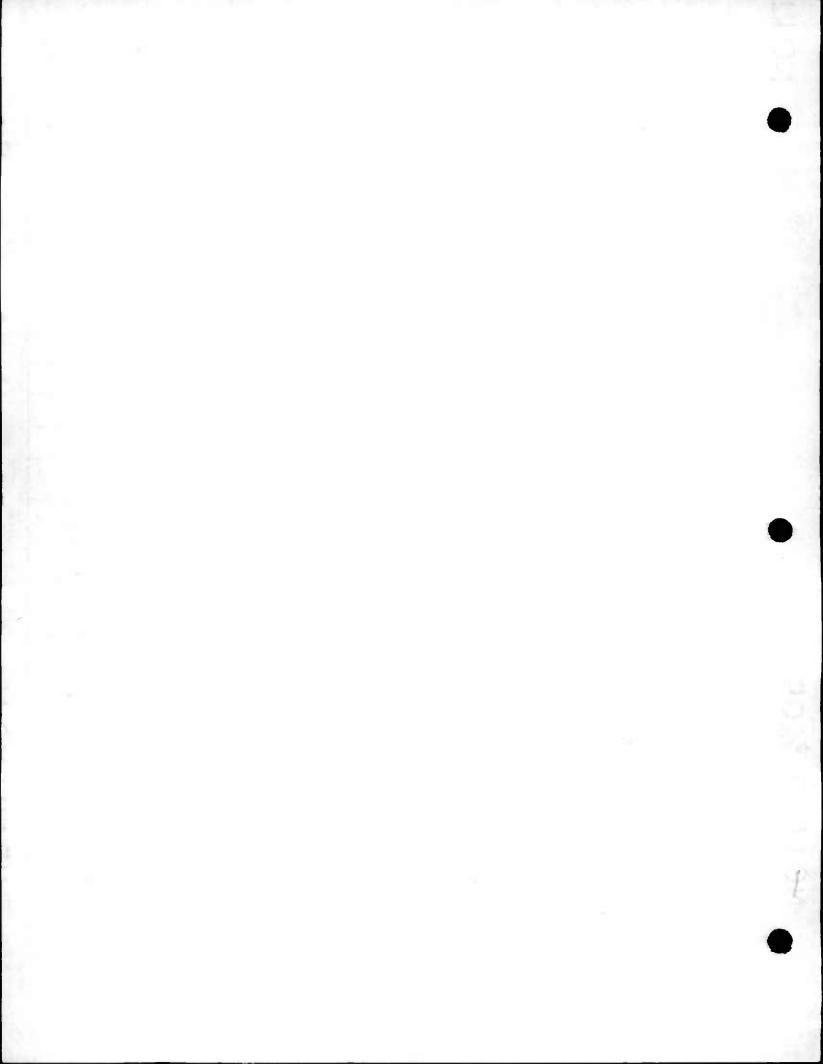


BALTIMORE, MARYLAND 21215-0	rs after death. Page 6 may be retained by the hospital or attendi	by the funeral director, page 5 should be detached for use as t
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the

physician. bunal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERIII	ICAL	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, M HENRY		McMENER	}				2. DATE OF MONTH	O/	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	,,,	IF UNDER	DAYS	IF UNDER 24 HRS	7. DATE OF (Month, 1	BIRTH Day, Year) 1925		Count	IPLACE (State or Foreign ry) JTH CAROLIN
9a. FACILITY NAME (If not Institutional UNIVERSITY	HOSPITAL	-1				OR LOCATION OF	DEATH		9c. COU	NTY OF D	
RESIDENCE OF DECE	DENT b. COUNTY		Las. on								
MD.	DE. COUNTY		10c. CI	ry, town (BA		MORE					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER					10	1. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
2328 ANNAF	OLIS ROAD					21230				USA.	
11. MARITAL STATUS 1 Never Married 2 XM 3 Widowed 4 Divorce	FORCES?	ENT EVER IN U.S. A 1 YES 2 S WAR OR DATES			If yes, sp	CENDENT OF HIS pecify Cuban, Mer 3 2 NO Spi	ican, Puerlo Ric		or No—	Spec	
										BLA	ACK
	ENT'S EDUCATION (gheat grade completed) College (1-4 or	5+)	Give kind of the Do NOT (work done se retired.)	during me	ON ost of working	16b. K	IND OF BU	SINESS/INC	DUSTRY	
17. FATHER'S NAME (First, Mide	lie, Last)					16. MOTHER'S	NAME (First, Mic	idle Maiden	Sumame)		
							LIE OLI		- Community		
19a. INFORMANT'S NAME (Typ	(Brint)	T.	10h MAU /**	C ADDRES	C /C+	end Number or Ru			on Chart and	n Contai	
MARY LEE MCM								City or Tow	m, State, Zip	Code)	
						S ROAD	21230				
20e. METHOD OF DISPOSITION 1 X Burlei 2 Cremation Donation 5 Other (S	3 Removal from Stata		ZION				DATE		CATION —		
21. BIGNATURE OF FUHERAL	SERVICE LICENSEE	Bu		J(SEP	H H. BR	OWN JR.				E, P.A. P.O. BOX 443
IMMEDIATE CAUSE (Fine disease or condition resulting in death)	a. DUE	Unemica TO (OR AS A CONS									Onset and De
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST	ate a sate	de la dra to (OR AS A CONS to (OR AS A CONS	SEQUENCE (OF):							7 days
	d.										CALLACTOR
PART II. Other algorifican		to death but no	t resulting	In the u	nderlylr	ng ceuse given	1	PERFO	RMED?	24	b. WERE AUTOPSY FINDING AVAILABLE PROOF TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PHO
25. WAS CASE REFERRED TO	MEDICAL				26 F	LACE OF DEATH	(Check only one)				
EXAMINER?	HOSPITAL:	a substitution		OTHE	R:			T 12			
27. MANNER OF DEATH		2 ER/Outpatient				me 5 🗆 Reelden			W. (74)		
1 Netural 5 P	28a. DATE (Month restigation	or injunt	28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DESC	RIBE HOW	INJURY OC	CURED	
3 Suicide 8 C	28e. PLACE	E OF INJURY — At ng, etc. (Specify)	home, farm	, street, fac	ctory, offi	ce		TON (Street Town, State		or Or Rural	Route Number,
anal and	YING PHYSICIAN: To the best										(a) end menner as ataled
29b. SIGNATURE AND TITLE O	F CERTIFIER				-	29c, LICENSE	NIMBER		294 04	TE SIGNE	D (Month, Day, Year)
1	~		,			SOU FINEHOE			DA. DA	. 1.	26 /9 /
ST NAME AND ADDRESS OF	1	AUSE OF DEATH (TELL DE CE	- Defeat	42 -	= \	10.00		42	10/	
C. KING	wice, MIS	UMI	45 /	22 5	ella	ene 5t	Dalhin	rape 1	1412	213	20
31. DATE FILED (Month, New 1	32. REGIST	RAR'S SIGNATUR		son-A	ander	2,					
41.	Later Committee					merel ^a					



DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMONE, MARTLAND 21203-3148	INSICIAN: The law requires that the death certificate be executed within 2-wurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and M.	IMPORTANT; If item 28 is marked, or item 23 shows any inju

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 29356 CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) LEE A. DIEHL 2. DATE OF DEATH MONTH DAY 10-25-91 537 M
~	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 193-9-5544 1 M 2 F 8 YRS. 10 MONTHS DAYS HOURS MIN. 10 MONTHS DAYS HOURS MIN. 2 - 25-10 10 MONTHS DAYS 11 MONTHS DAYS 11 MONTHS DAYS 12 MONTHS DAYS 12 MONTHS DAYS 13 MONTHS DAYS 14 MONTHS DAYS 15 MONTHS DAYS 16 MONTHS DAYS 16 MONTHS DAYS 17 MONTHS DAYS 17 MONTHS DAYS 18 MONTHS DAYS 18 MONTHS DAYS 19 MONTHS DAYS 19 MONTHS DAYS 10 M
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 106. COUNTY 107. COUNTY 108. CITY, TOWN OR LOCATION 104. INSIDE CITY
	Maryland Baltimore Dwings Mills 10. STREET AND NUMBER LIMITS? 1 YES 2 NO 100. STREET AND NUMBER LIMITS? 1 YES 2 NO 100. STREET AND NUMBER
FUNERAL	137 WILLIAM BEND Drive 2117 AMERICAL 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - American Indian,
B⊀	1 Never Merried 2 Merried FORCES? 1 YES 2 Merried If yes, apecify Cubap, Mexican, Puerto Ricen, etc.) Black, White, etc. Specify: Wildowed 4 Divorced Divorced Puerto Ricen, etc.) Wildowed 4 Divorced Divorced Puerto Ricen, etc.) Wildowed Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
OMP	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surmarne)
H	Lee H Dien Clava H-clam 5 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 2/336
10	ROTHURN ASNWOYM 3714 Foxulard Stream Rd, BOHMORE Md 20c. METHOD OF DISPOSITION 1 Buriel 2 Crem-viton 3 Removal, from State 20c. LOCATION - City or Town, State 10 Buriel 2 Crem-viton 3 Removal, from State 20c. LOCATION - City or Town, State
	21. SECHATURE OF FUNERAL SERVICE LICENSEE RONALD Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD
	655W. Baltimore St, Balto.,MD 21201
	23. PART I. Enter the diseases, or complications that ceused tha deeth. Do not enter the mode of dying, euch as cerdiec or reepiretory erreet, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final
	disease or condition a. 13 LATERAL TREUMONIA DUE TO (OR AS A CONSEQUENCE OF):
MION	Sequentially list conditions, If eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Or A D A CONTROL TO THE CONTROL
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In deeth) LAST C. COLO NAMY AND THE GO OF THE COLOR AS A CONSCOUENCE OF: THE TO (OR AS A CONSCOUENCE OF): THE TO (OR AS A CONSCOUENCE OF):
4	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICA	1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)
ву Рн	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atrest, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF GERTIFIER M.D. 29c. LICENSE NUMBER 28d. DATE SIGNED (Month, Day, Year) D 27 157 D 27 157
10	30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CRUSE OF DEATH (ITEM 27) (Type, Print) RAYNOLD DEVESTIVE BALTIMONE COUNTY GENERAL HOSP-
	31. DATE FILED (MOGR, Day, Your) OCT 2 9 1991 Junia Lavidson-Randells

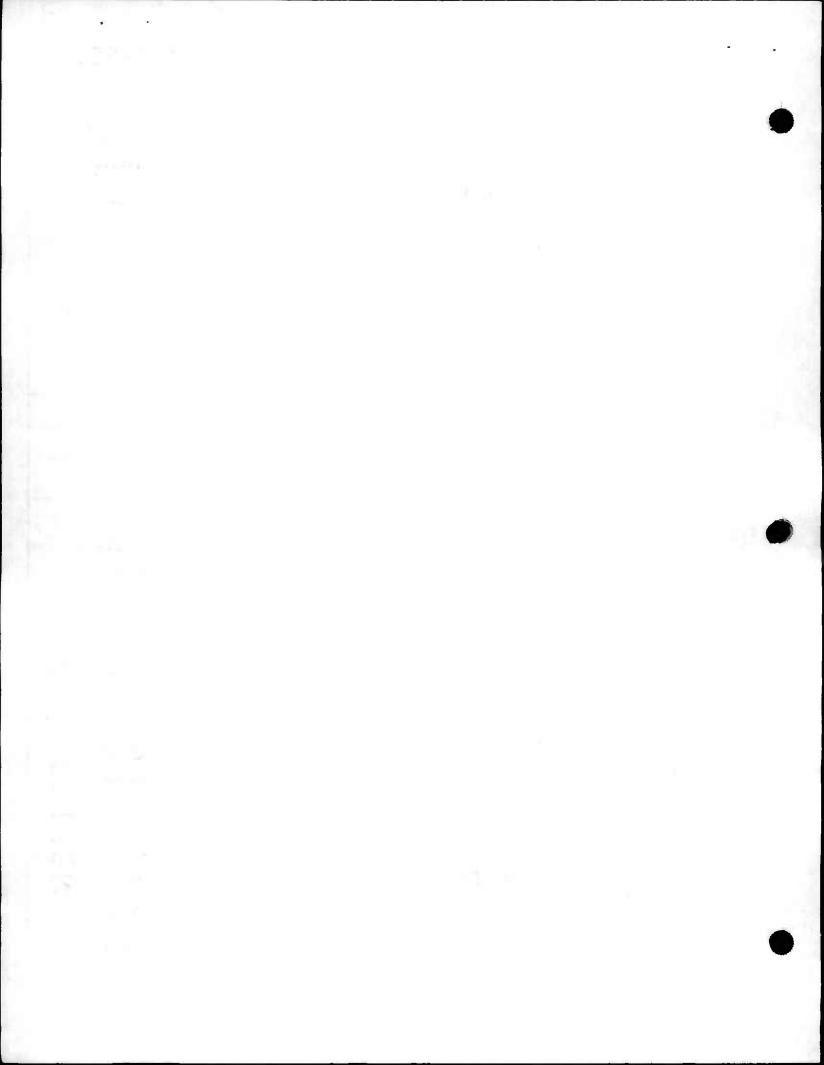
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BALTIMORE, MARYLAND	remours after death. Page 6 may be retained by the ho	filled in by the funeral director, page 5 should be detact on, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day Year)
OCT 2 9 1991

32. REGISTRAR'S SIGNATURE who Davidson-Rando

14 1-	- · · · · · · · · · · · · · · · · · · ·	m	١ ,	DEATH	2. DATE OF DEATH MONTH D.		YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S. BEX 6. AGE (I	in yrs. last birthday)	IF UNDER VYEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4	8. BIRTHPLACE (State or Foreign/
newborn	1 XM 2 🗆 F		ONTHS DAYS	2 45	(Morth, Day, Year)	-91	Mary land
9a. FACILITY NAME (If not institution, give sta	to Sp. tal)	Balt	1 more		9c. COUNT	TY OF DEATH
10a. STATE 10b. COUNTY	na	10c. CITY,	Baltimo		134		10d. INSIDE CITY LIMITS? Y YES 2 NO
10e. STREET AND NUMBER 2324 E. Bido	dle Street		101.	ZIP CODE 2121	13	10g. CITIZI	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	INDENT OF HISPANIC city Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Ye Puarto Rican, etc.)	or No-	14. RACE — American Indian, Black, Whita, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mos	N t of working	18b. KIND OF BU	SINESS/INDU	
17. FATHER'S NAME (First, Middle, Last) Timothy Curban	You I Take				E (First, Middle, Maiden		
190. INFORMANT'S NAME (Type/Print) Charlette Mc Coy	Mother				ute Number, City or Tow Baltimore		
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo 4 Donation Other (Specify)		o. PLACE AND DATE of		'Name	DATE 20c. LC	CATION — C	Ity or Town, State
/23. PART I. Enter the diseases, or co	le 1	ade, Dir 0-25-91			re St, Ba		MY BOARD MD 21201
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Prem	aturi.	fy		ee cerdiec or resp	fratory arre	Interval Betwe
IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A	CONSEQUENCE OF)	fy		ee certified of resp	Iratory arre	Interval Betwe
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	fy .		art I. 24a. WAS Al	A AUTOPSY RMED?	Interval Betwe- Onset and Des AMS IS 24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO
immediate cause (Final disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	the underlying		rart I. 24a. WAS AI PERFO	A AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	28. PL OTHER: OF Users INJ MY M 1 N	Cause given in P ACE OF DEATH (Checo 8 Residence 8 JRY AT RK? ES 2 NO	rart I. 24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDING AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	28. PL OTHER: OF Users INJ MY M 1 N	Cause given in P ACE OF DEATH (Checo 8 Residence 8 JRY AT RK? ES 2 NO	art I. 24a. WAS AI PERFO 1 YES k only one) Other (Specify) 28d. DESCRIBE HOW	A AUTOPSY RMED? 2 NO INJURY OCCI	24b. WERE AUTOPSY FINDING AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



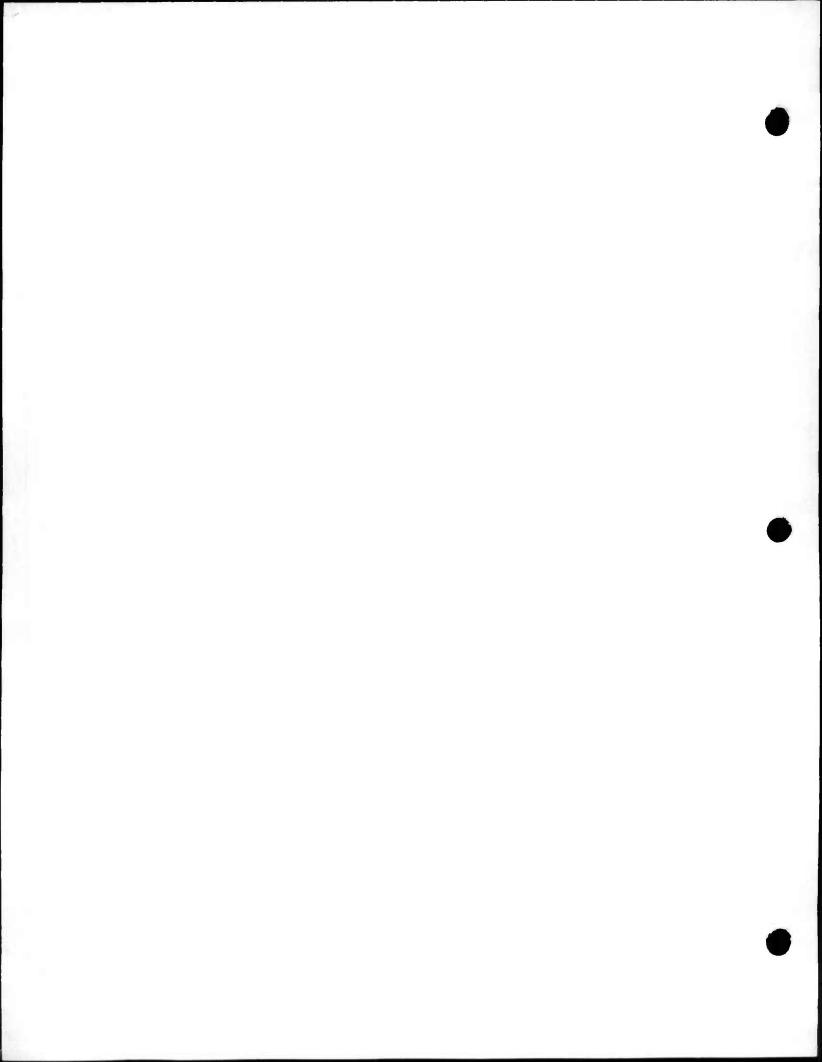
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The water that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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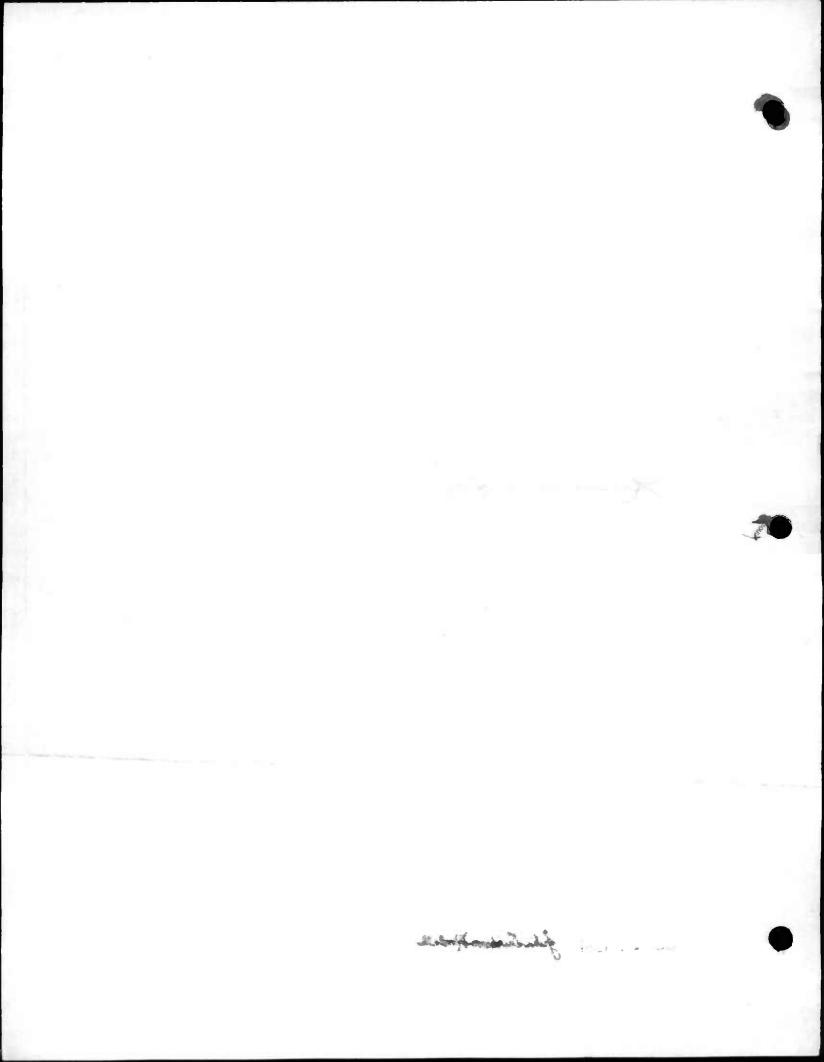
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	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPAR	RTMENT OF H	EALTH	AND I	MENTA			25000	
	1. DECEDENT'S NAME (First, Middle, Last)			<i>D</i>			REG. NO		3. TIME OF DEATH	-
	Eleanor Frances Simmer	s Mitche	ell			MONT		1991	4:55 p.	
	4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER	_	7. DATE	OF BIRTH	133.	8. BIRTHPLACE (State or Foreign	
	219-22-0757 1□M2XF	YRS.	MONTHS DAYS	HOURS	MIN.	Api	n. Day, Year)	1927	Maryland	
_	Se. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN C	R LOCATIO	ON OF DE				NTY OF DEATH	_
DIRECTOR	739 Anneslie Road		Balti	more					Baltimore	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100 CIT	Y, TOWN OR LOCAT	1011						
뜸	Maryland Baltimore	100. 01	Baltimor	1111					tod, INSIDE CITY LIMITS?	
	10o. STREET AND NUMBER			ZIP CODE					1 YES 2X NO	
EN EN	739 Anneslie Road		100	212				US	ZEN OF WHAT COUNTRY?	
II. MARITAL STATUS								14. RACE American Indian.		
BY F	t Never Married 2 Merried FORCES? t YES	TES XNO	if yes, spe	city Cuber	n, Mexica	n, Puerto I	Rican, etc.)	or No=	Black, White, atc.	
	3 Wildowed 4 Divorced			- ¬V.	Opeciny	,.			specify: White	
TED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Give kind of a	USUAL OCCUPATIO	N st of workin	a	16b	KIND OF BU	SINESS/IND	USTRY	_
1	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT us	se retired.)		•					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	House	vite						omemaking	
	Franklin Simmers			ta. MOTH			Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)						ffie Be			
5	Lewis W. Mitchell, Sr.	19b. MAILING	AOORESS (Street a	Number	or Rural F	Toute Numi	per, City or Tow	n, State, Zip	Code)	
	To be set the control of the control		Anneslie		a, E					
	400.	elery, crematory or o	of disposition (National Cemete	ne of		OAT			City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE/LICENSEE	arkwood	22. NAME AN		OF FAC	SII ITM	rar	KVIIIE	e, Marylanu	
	Morton Office	son					liedefe	eld		
_	Martin D. Lawson		10 W.	Pad	onia	Rd	., Tin	oniu	m, Md. 21093	
	23. PART I. Enter the diseases, or complications that caused abook, or heart failure. List only one cause on as	tha death. Do n ich lina.	not anter tha mod	la of dyle	ng, auch	aa card	ilac or respi	ratory arm	Approximata	
	IMMEDIATE CAUSE (Final disease or condition	011.	/						Onset and Daa	
	resulting in death)	Static	M	19	(0	2.				
	DUE TO (OR AS A	CONSEQUENCE OF	F):	7						
o o	Sequentially list conditions, DIF TO (OR AS A	CONSEQUENCE OF	3.							
¥	cause. Enter UNDERLYING	CONSCIONE OF	·).							
Ĕ	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A	CONSEQUENCE OF	7):							
CERTIFICATION	resulting in death) LAST									
	DART II Oshoo algoliilaana ayaliil									
AL.	PART II. Other algorificant conditions contributing to death by	it not resulting i	n the underlying	cause gi	iven in F	Part I.	24a. WAS AN PERFOR	*****	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	8
MEDIC	HODIVI, COT D.						t TYES 2		COMPLETION DF CAUSE OF OEATH?	
Z						_			t YES 2 NO	
PHYSICIAN:										
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLA	CE OF DE	ATH (Che	ck only on)			
14S	1 YES 2 NO I Inputient 2 ER/Output		4 - Nursing Home	5 KRes	idence 8	□ Other	(Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ	URY WOR	K?		28d. OE\$	CRIBE HOW IN	JURY OCC	URED	
BY	2 Accident Investigation			S 2 🗌	NO					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Specific Could not be determined)	— At home, term, s (y)	traet, tectory, office		- 1	281. LOCA City o	TION (Street a. r Town, State)	nd Number o	or Rural Route Number,	
5 F	29e. CERTIFIER									
MP	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowle	dga, death occurre	d at the time, date o	nd place,	end due t	the caus	e(s) and man	ner as state	d,	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation	n, in my opinion, de	ith occure	d at the ti	lme, data	and place, and	due to the	ceuse(a) and manner as stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFIER	1.1		29c LICEN	ISE NUME	BER	2	29d. DATE	SIGNEO (Month, Day, Year)	-
2	shalini kama	MD		1)-	39/	85	\$	10	0/23/11	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA			-		20=			1 11 2 2 2 2 2	-
	Shalina Kamal, M.D.		ork Kd.	, Su	ite :	305,	Luthe	erville	e, Md. 21093	
	31. DATE FILEO (MONTH, Day, YOU) OCT 29 1991 Scha Davidson-R	TURE								
- 1	001 63 1991 Figure Ward 4800 - No	MINER								



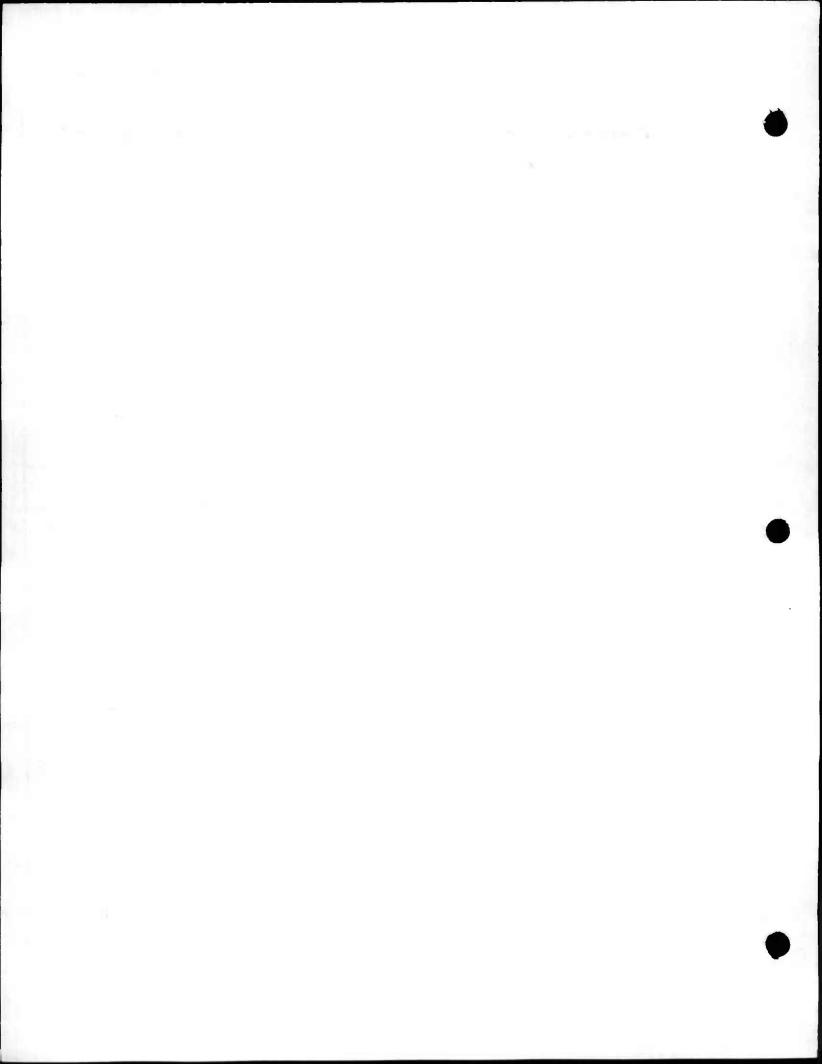
ON OF VI	PHYSICIAN: TH	paratris certificate	and with the State	The second second
DIAISI	IAL OR TEN	AL DISCOLUE	72 hours mark	J. 200 March 25
	TO THE HOSPITAL	E FUNER	be filed within 72 h	MEDIDATE IL
	15 TH	TH OF	be file	COTA

1. DECEMENT'S NAME (First, Middle, Las	1)		0.2.1111		F DEA		2 DAT	REG. NO	J		3. TIME OF DEATH	
		KA	THERI	NE D. M	cGINN				5. 19	YEAR	4:00 P.	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday		IF UNDER 1 YEAR IF UNDER 24 HRS.		OCTOBER 25, 19		8. BIRTI	IPLACE (State or Foreig		
215-24-9845	1 □ M 2XXF	86	YRS.	MONTHS DA	rs Hours	MIN.	MAR	RCH 5,	1905	Count	RYLAND	
9a. FACILITY NAME (If not institution give					YN OR LOCATI	ON OF D	EATH		7	INTY OF C	EATH	
RESIDENCE OF DECEDENT	ST. AGNES HOSPITAL BALTIMORE											
								10d. INSIDE CITY				
MARYLAND BALTIMORE				CATONSVILLE						LIMITS?		
10e. STREET AND NUMBER					101. ZIP CODE				10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
	2017 ROLLINGWOOD ROAD				21228					U.S.A.		
11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES			ES 2 X X YOU IT YOU, SP			CENDENT OF HISPANIC ORIGIN? (Specify Yea or pecify Cuban, Maxican, Puerlo Rican, etc.)			a or No	No- 14. RACE — American Indian, Black, White, etc.		
Widowed 4 Divorced	Widowed 4 Divorced IF YES, GIVE WAR OR DATES			1 TYES 2 XNO Speci			illy:			Spec	Specify: WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work				S USUAL OCCU	UAL OCCUPATION 16b. KIND OF BUSING done during most of working				JSINESS/IN(
Elementary/Secondary (0-12)	College (1-4 or 5 +		lile. Do NOT	use retired.)	most of workir	ig						
12	HOMEMAKER			OWN HOME								
17. FATHER'S NAME (First, Middle, Last)		MO	LVEDM		18. MOTI	HER'S NA	ME (First,	Middle, Malder	n Surname)			
19a. INFORMANT'S NAME (Type/Print)		VOLKERT			et and Number or Rural Route Number					GROSS		
	RANDSON)			GREENL							21000	
20s METHOD OF DISPOSITION 1 X Aurisi 2 Cremation 3 3 Re		20b. PL		OF DISPOSITION		J, DA	OAT		CATION —			
1 1 A Burtel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	movel from State	BAL	TIMORI	NATIO	IAL CEN	(ETE	RY 1	0/29/91	RAI		DRE, MD.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11		22. NAM	AND AODRES	S OF FA	CILITY					
Kuseace	and,	3//								TOTAL	TO AT TIONED	
		see		1630	M. &	RUS	SELL	C. WI	TZKE	IUN	EKAL HUMES	
23. PART I. Enter the diseasea, o ahock, or heart failure	r complications (bar	caused the	e death. Do line.	1630	EDMONI	SON	AVE	NUE, CA	TONS	VII.I.I	E, MD . 21228 Approximate Interval Betw	
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	CEF
	MEDICAL
	Y PHYSICIAN:
l	B
	OMPLETED

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO	D.						
. DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) EDWARD STANLE	EY MAK	260415	2. DATE OF OEATH MONTH	DAY Y	3. TIME OF DEATH					
	218-28-7339 1 M 2 🗆 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR • 10		BIRTHPLACE (State or Foreign Country) MARYLAND					
	9e. FACILITY NAME (If not institution, give street end number)	9	b. CITY, TOWN OR LOCATION OF I			Y OF OEATH					
	55 RIVER OAKS CIRCLE BALTIMORE BALTIMORE										
	MARYLAND 10b. COUNTY BALTIMORE	10c. CITY,	BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10a STREET AND NUMBER 55 RIVER OAKS CIRCLE	101. ZIP CODE 21208	INDUSTRIAL COUNTY								
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OCCOENT EXPROSES? 1 IF YES, GIVE WAR	Il yes, specify Cuben, Mexic	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— II yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 No Specify: WHITE								
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	180. DECEOENT'S US	UAL OCCUPATION	t6b. KINO OF BI	JSINESS/INOUS	STRY					
COMPLETED	Elementary/Secondary (0-t2) College (t-f or 5+)	one during most of working od.) NEY AT LAW									
S S	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maide	e Sumama)						
BE C	HYMAN JACOB MARGOLIS			FANNIE A	BELSON						
5	19s. INFORMANT'S NAME (Type/Print) MRS. BEVERLY MARGOLIS	55 RIV	DRESS (Street and Number of Rural ER OAKS CIRCLE	BALTIMOR	vn, State, Zip Co E, MD	21208					
	20a_METHOD OF OISPOSITION 1 [ABurlal 2	DISPOSITION (Name of plece)	The state of the s								
BETH TETLOH 10/25/91 BAI 21. DIGNATURE OF FUNERAL SERVICE LIPERIDEE 22. NAME AND ADDRESS OF FACILITY						LTIMORE, MD					
	SOL LEVINSN & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215										
	23. PART I. Enter the diseases, or complicatione that ca	used the death. Do not	enter the mode of dying, su	ch es cardiec or reap	iratory arreal	Approximata					
	Approximate interval Betwork of condition reculting in death) a. Doo's tarte Cay Condition and										
N	DUE TO (OR AS A CONSEQUENCE OF):										
CATIC	If any, leading to immediate cause. Enter UNDERLYING	cause. Enter UNDERLYING									
CERTIFICATION	that initiated avents reaulting in deeth) LAST										
	PART II. Other significent conditions contributing to dee	Ab but and a state of									
MEDICAL		ne underlying ceuse given in	Part I. 249. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YS	1 YES 2 NO 1 Inpatient 2 ER/	Outpatient 3 DOA 4	Nursing Home 5 ☐ Residence	6 Other (Specify)							
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation			26d. DEȘCRIBE HOW INJURY OCCURED							
8	3 Suicide 6 Could not be determined 28e. PLACE OF IN. building, atc. (ol, fectory, affice	281, LOCATION (Street City or Town, State	LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	290. CERTIFIER Check only	nowledge, death occurred a	t the time, data end place, end due	to the couse(e) and ma	nner es stated.						
	2 MEDICAL EXAMINER: On the beele of examin	nation and/or investigation, is	n my opinion, death occured at the	time, data and place, er	d due to the ca	suse(e) end menner ae atated.					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7. J.S.MARG		NBER 29	29d. DATE SH	GNED (Month, Day, Year)					
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	75 NOP.	Not 211	/	1 1/					
	31. DATE FILED (Month, 19. 18 2 9 199 TEGISTRAR'S	AGNATURE.	delle		, ,						



P.O. BOX 68760, BALTIMORE, MARYLAND 21215-00.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending pl	DIRECTOR: After this, certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	mouns areer dearn with the state Dept. Of releath and Merital Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BAL	after death	y the funer	novai.	cai exam
•	24 nours	filled in b	ion, or ren	he medi
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ires that the death certificate be executed within	signed by the attending physician and completely	sealth and Merital Hygiene prior to burial, cremativ	ws any injury, or other traumatic event, the
AL RE	law requ	has been	Dept. of	23 sho
VIT/	AN: The	tificate	e State	r item
N OF	3 PHYSICI	r this cen	IN WITH TH	arked, o
SIO	ENDING	R: Afte	er oean	is m
VIS	ATTE	SECTO.	ILS SITE	m 28
		the contract of	-3	

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

8

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

hours after de item 28 is n

FUNERAL I within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

91 29361 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WERNER 2.2 DAY NEWKAMP TONTH 1991 12:09 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign XX M 2 D F 10/20/1912 DAYS BRUOH YRS. GERMANY 23-03-9409 79 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 XYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 21218 10g. CITIZEN OF WHAT COUNTRY? 3900 N. CHARLES ST., APT. 705 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 100 3 Widowed 4 Divorced Specify: WWII- ARMY WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SALES ISRAEL BONDS 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ALBERT NEUKAMP ANNA (UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Numb 3900 N. CHARLES ST., APT. 705 BALTO., MD MRS. ELLA NEWKAMP 21218 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State RIVERSIDE 10/25/91 ROCHELLE PARK, NJ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. ewis 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART . Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition remoscher? reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST

27. MANNER OF DEATN

Accident

AR

5 Pending

Investigation

determined

6 Could not be

Natural

3 Sulcide

4 Homicide

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHS 1 | YES 2 | NO

▶ 10-23-1991

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL OTHER: 1X XES 2 NO

1 ☐ Inpetient 2 X ER/Outpetient 3 ☐ DDA 26a. DATE OF INJURY (Month, Day, Year)

4 Nursing Nome 5 Realdence 6 Other (Specify) 26c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner ea stated.

26a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. CHAPURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

M

un COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N. PENN STREET BALTIMORE. MARYLAND 32- Trong TRAN'S SIGNATURE Jevidson-Randell

O.C.M.E

HOSPITAL OR ATTENDING PHYSICIAN:

	1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH AND	MENTA	L HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest) Gladys M.						e of DEATH		YEAR 3.	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-03-1038	1 🗆 M 2 💢 F	GE (In yrs. last birthday) 81 vns.	F UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE	OF BIRTH		Country) Mary	ce (State or Foreign			
TOR	90. FACILITY NAME (If not institution, give 1009 Fredonia (TOWN OR LOCATION OF D	DEATN		1	nty of DEATH				
DIRECTOR		Limore	10c. CfT	Y, TOWN OR Lans	LOCATION SCOWNE					d, INSIDE CITY LIMITS? YES 2 X NO			
FUNERAL	1009 Fredonia (T COUNTRY?										
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 X NO	13. W	can, Puarto	N? (Specify Yer Rican, etc.)	s or No 1/	Specify:	American Indian, hita, etc.				
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)		16e, OECEDENT'S (Give kind of life. Do NOT u. Homemal	work done du se retired.)	ring most of working		self		STRY				
BE CC	17. FATHER'S NAME (First, Middle, Last) Charles E. Shee	ts			16. MOTHER'S N		Middle, Meiden Bobbli						
10	19a. INFORMANT'S NAME (Type/Print) John J. McLaugh	lin	19b. MAILING 507 I	ADDRESS (S	Street and Number or Rural		nber, City or Tow		ode) Md	21229			
	20a_METNOD OF DISPOSITION 1 \(\text{Darrial 2} \) Cremation 3 \(\text{Removal from State} \) 4 \(\text{Donation 5} \) Other (Specify) \(\text{Lorral ne Park Cemetery } 10/30/91 \) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22b. PLACE AND DATE of DISPOSITION (Name of capeting, cigmapory of other place) (septing, cigmapory of other place) (septing place) (sep												
CERTIFICATION	23. PARTI. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, interval onest a disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
MEDICAL	PART II. Other eignificant condition		h but not resulting	n the unde	rdying couse given in	Pert i.	24s, WAS AN PERFOR 1 YES 2	MED?	CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATN? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	HOSPITAL:		OTHER:	28. PLACE OF DEATH (C)								
ву РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28a. DATE OF INJUI	RY 26b. TIM:	E OF 26 URY M	c. INJURY AT WORK? 1 YES 2 NO		er (Specify) SCRIBE HOW II	NJURY OCCUP	RED				
ETED	3 Suicide 6 Could not be 4 Nomicide datermined	28e. PLACE OF INJ building, atc. (5	JRY — At home, farm, a Specify)	treet, factory	, office	261. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,			
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	CIAN: To the best of my kr	nowledge, death occurre	d at the time	, date and place, and due ion, death occured at the	to the car	use(s) and man	ner as stated.	euse(a) an	d manner oa stated,			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE ROPE	i ma			29c. LICENSE NUI	MBER			IGNED (Mo	nth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH Dr. Raja, 3913 I	Hollins Fer	ry Road, I		wne, Maryla	and 2	21227						
	0CT 29 1991	32. REGISTRAR'S S	GNATURE Pandall										

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Item6,7,Film680,10/31/91,lt

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF						REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) MELVIN			POWE	LL				2. DATE OF	2 5 ⁴	NY .	199	3. TIME OF DEATH 5:57P
4. SOCIAL SECURITY NUMBER	5. SEX 1X M 2 F		rs. lest birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De			Coun	**
212-46-6663 DE. FACILITY NAME (If not institution, give a		44	70 110.	01.00				12-31	=194			TIMORE, MI
STORE-1701 WES	T BALTI	MORE	STRE		TY, TOWN (CITY	,	9c. COL	INTY OF	DEATH
RESIDENCE OF DECEDENT	L DREIT	HORE	DIKE.	11 1	DA	PITI	TOKE	CII	-			
10a. STATE 10b. COUNT	1		10c, CI	TY, TOWN	OR LOCA	TION	_					10d. INSIDE CITY
MD.					BAI	TIMO	RE C	ITY				LIMITS?
IGO. STREET AND NUMBER					10:	ZIP COD	E			10g. CI1	IZEN OF	WHAT COUNTRY?
2934 ARUNAH AVENU	ΙE					212	16			I	JSA.	
1. MARITAL STATUS	12. WAS DECEDEN	LEVER IN U.	S. ARMED	13	. WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian.
Never Married 2 X Married Widowed 4 Divorced	FORCES? 1				if yes, sp	ecity Cubs	n, Maxice	n, Puarto Rice	n, etc.)		Bled	k, White, etc.
						Λ					BLA	
15. DECEDENT'S EOU- (Specify only highest grade	CATION completed)	16-	e. DECEDENT'S	work done	during mo	ON st of working	na	16b, KH	D OF BUS	INESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		SECURI:	use retired.)		-	742	7F PT	ጥፑ/ና	HOFE	RMARKET
7. FATHER'S NAME (First, Middle, Lest)					_	18 MOTI	Henre Mai	ME (First, Midd		_	OLLI	CHARRET.
JOSEPH WHEA	TLEY											
9e. INFORMANT'S NAME (Type/Print)								L. Po				
BRENDA POWELL			2934 A	g addre: ARUN	ss (Street a AH AV	nd Number	or Rural F	TIMOR	City or Fown	, State, Zi	216	
									-,			
0e. METHOO OF DISPOSITION		20h BI	ACE AND DATE	0501000	ACITION W							
9e. METHOO OF DISPOSITION **Burlel 2	oval from State	cemeter	ACE AND DATE	other plece	9)			DATE	11111			own, State
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29c. LICENSE NUMBER OCME

BALTIMORE, MARYLAND

STREET

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

1991

29d. DATE SIGNED (Month, Day, Year)

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	1. DECEDENT'S NAME (First, Middle, Les 1. SOCIAL SECURITY NUMBER	Procter				2. DATE OF DEATH MONTH	DAY	YEAR 3. III	ME OF DEATH
						10	13 9	7/ 3	2:25 A
		5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	Te	. BIRTHPLACE	E (State or Foreign
- 1	579247130	1 ☑ M 2 □ F	65 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Washin	ngton, D
_ 1	9a. FACILITY NAME (If not institution, give	re street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
HECTOR	WASHINGTON ADVEN	NTIST HOSPITA	工	Takoma	Park		Montg	gomery	
길	10e. STATE 10b. COUR	NTY	10c. CIT	, TOWN OR LOCA	ATION			10d.	INSIDE CITY
5	D.C.		W	ashingt	on				YES 2 NO
₹ [10e. STREET AND NUMBER			10	Of. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?
UNERAL	58 Elmira Street				20032			JSA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1- YE IF YES, GIVE WAR OF 10-20-34 to	ES 2 NO R DATES	If yes, s		NIC ORIGIN? (Specify en, Puerto Ricen, atc.) #y:		14. RACE — Ar Black, White Specify: Black	mericen indian, le, etc.
	15. DECEDENT'S EI (Specify only highest gra	DUCATION	16a. DECEDENT'S			16b. KIND OF	BUSINESS/INDU		
ᄪᆘ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	nost or working				
COMPI		2 yrs	En	gineer		D.C. P	ublic S	chools	5
3	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Mei			
8	Robert L. Proct	tor	The second			beth Harl			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or			
	Eleanor Proctor			ira St.		ashington			
	15 Buriel 2 Cremation 3 Recall Donation 5 Other (Specify)	emoval from State	of cemetary, crematory	or other place)			LOCATION — CI	30.00	ieto
	21. SIGNATURE OF FUHERAL SERVICE		Maryland N	22. NAME	AND ADDRESS OF F	ACILITY			
	1/1/1/1	6/1.		ROBE	RT G. MA	SON FUNER		E	
	1/4/1/4	1/1/01	cols			pe Rd. SE			C. 2002
	23. PART L Enter the diseases, of shock, or heart failur	or complications that cause or re. List only one cause or	sed the daeth. Do not neach line.	ot enter the m	node of dying, au	ch as cerdiac or re	apiretory arre	at,	Approximate interval Batw
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NO I	Sequentially list conditions,	b. Sever	S A CONSEQUENCE OF	raig	A1 (610	guise	are		
CATION	if any, leading to immediate cause. Enter UNDERLYING	STATUS			ev AAT	ERY BY	2411	į	12620
윤	CAUSE (Diseese or injury that initiated events		S A CONSEQUENCE O		7010	6~1 34	LOAM	+	5 has
RTIF	resulting in death) LAST	, POST C	of Coa	GULZ	DATHY	/		-	5 hors
E								+	
₹ I	PART II. Other significant condition	dona contributing to deat	h but not resulting	in the underlyl	ing cause given i	n Part I. 24a. WAS PER	AN AUTOPSY FORMED?		E AUTOPSY FINOR LABLE PRIOR TO
EDIC						1 🗆 YE	S 2 NO		PLETION OF CAU DEATH?
¥								1 🗆	YES 2 NO
ÿ									
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	check only one)			
YSI	1 TYES 2 DAY	1 Tripationt 2 - ER/C	Outpatient 3 DOA		ome 5 🗆 Residence	6 Other (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Yea		URY	NJURY AT YORK?	28d. DESCRIBE HO	W INJURY OCCU	URED	
B	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not 6	building, etc. (3	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					or Rural Route i	Vumber,
5 1									
COMPL	nee)	IYSICIAN: To the best of my ki							
Ö	2 MEDICAL EXAM	fiNER: On the besie of examina	ation and/or investigation	on, in my opinion,	, death occured at th	ne time, date end place	, end due to the	ceuse(s) end	manner se state
BE (296. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE N	UMBER	29d. DATE	SIGNED (Mon	th, Day, Year)
-	your h	· Hoves	h	10	431	572	10	/23/	91
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	61		20912	/	/	

DHMH-16 Ray 1/89



BY FUNERAL DIRECTOR

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

permit. Pages 1, 2, 3 should use as the burial-transit urs after death. Page 6 may be retained by the hospital or attending physician. detached for the attending physician and completely filled in by the funeral director, page 5 should be Mental Hygiene prior to burial, cremation, or removal. notified at ğ Must examiner medicai the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or other traumatic event, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte be filed within 72 hours after death with the State Dept. of Heath and Mental IMPORTANT: If item 28 is marked, or item 23 shows any injury, 분

91- It	ems: 23 81 11/1	part I 3/ STATE OF 1	27,28a,1 MARYLAND/ CE	DEPAR	i,e,f RTMEN	pe T OF I	r MEX HEALTH	O AND	MENTAL	H YGIEN I	E	91	29	365	5
1. DECEDENT'S NAME			ANTER			_ 01	DLA		2. DATE OF MONTH	HEG. NO.	Y	YEAR 9 1	3. TIME OF		
4. SOCIAL SECURITY I	WABER	5. SEX 1 X M 2 F	6. AGE (in yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE OF (Month, D	BIRTN	19		HPLACE (State try)	A or Foreign	M 7
9a. FACILITY NAME (II Univer RESIDENCE OF		Hospit	a l				nore		EATN		9c. COI	INTY OF	OEATN		
10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE LIMITS 1 YES	7	
10e. STREET AND NUM	BER					10	f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNT	RY7	
11. MARITAL STATUS 1 Never Married		FORCES?	T EVER IN U.S. ARI		- 1	If yes, sp	CENDENT (m, Mexico	NIC ORIGIN? (S	Specify Yes in, stc.)	or No-	14. RAC Blec	E — American k, White, etc.	Indian,	T

Black 15, DECEDENT'S EDUCATION secify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ocme 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald 22. NAME AND ADDRESS OF FACILITY Wade, Dir STATE **@ANATOMY** BOARD 10 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, Approximate ehock, or heart fellure. Liet only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Desth disease or condition_ Combined Drug Intoxication resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the undariying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1X YES 2 NO 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 10/6/91 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 210 E. Fayett 8 Could not be determined 4 Nomicide Fayette St. Greyhound Bus Terminal The CESTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the 2 MEDICAL EXAMINER: occured at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M 10 07 1991 AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (HTEM 27) (Type, Print) GI BEREVINES CONFORMAN LARON Locke Penn Street, Baltimore Maryland 21201

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80 11.

DALLINOUE, MANILAND	The cours after death. Page 6 may be retained by the hosp	y filled in by the funeral director, page 5 should be detached tion, or removal	the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dest. of Health and Mental Hydelse prior to burial, cernation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF M	IARYLA	AND / DEPAI CERTIF	RTMEN	IT OF H	IEALTH DE A	AND	MENTA			1	9366
	1. DECEDENT'S NAME (First, Midd	idle, Lest)			0=11.1	TOA.	LOI	DEA	In		REG. NO.			3. TIME OF DEATH
	LEAH	EVE	ELYN	PO	RPORA					10			YEAR 991	M
	4. SOCIAL SECURITY NUMBER		5. SEX		in yrs. last birthday)		ER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		S. BIRTHP	PLACE (State or Foreign
	216-01-6480		1 🗆 M 2 😿 F	_ 75	YRS.	MONTHS	DAYS	HOURS	MIN.	01	14 19	916	MAR'	YLAND
	9a. FACILITY NAME (If not institution	ion, give str	reet and number)			9b. CIT	TY, TOWN C	OR LOCATI	ION OF DE	EATH		9c. COUNT		
O	220 WILLIAMS	ROA	.D			(F	ERNDA	ALE)	TLEN	BURN	JTE	ANI	NE A	RUNDEL
EC	RESIDENCE OF DECEDE 10a. STATE 10b.	COUNTY	,		10c. CI		OR LOCAT							
DIR			ARUNDEL		-				2.101					10d. INSIDE CITY LIMITS?
Y.	10e. STREET AND NUMBER	ANINL	AKUNDEL		(FE	KNDA.	LE) (GLEN I. ZIP COD		NIE		100 CITIZ		1 YES 2 X NO
ER/	220 WILLIAMS	ROAD					-	21061					S.A.	HAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDENT	T EVER IN	U.S. ARMED	13	. WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN	N7 (Specify Yea		14. RACE	- American Indian,
BY F	1 Never Married 2 X Marrie 3 Widowed 4 Divorced		FORCES? 1 IF YES, GIVE W	YES AR OR DAT	2 X NO		If yes, sp	2 X NO	en, Mexica	in, Puerto	Ricen, atc.)		Black, Specify	, White, etc.
														WHITE
COMPLETED	15. DECEDEN (Specify only high		completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done	e durina mo	ON ost of worldi	ng	16b	. KIND OF BUS	SINESS/INDU	ISTRY	
7	Elementary/Secondary (0-12)		College (1-4 or 5+)	,			,			1,	27.127 1103	450		
MO	17. FATHER'S NAME (First, Middle,		NONE		HOMEMAI	KEK		10 MOT	"EDIO NA		OWN HON			
	WILLIAM O'NET								LSIE	ME (First, i	Middle, Maiden	Surname)		1
BE (19a. INFORMANT'S NAME (Type/Pri				19b, MAILIN	G ADDRE	SS (Street a			Doute Num	ber, City or Town	- State 7in (nknown)
2	LOUIS D. PORPO	ORA					IAMS				DALE, N		2106	1
	20a. METHOD OF DISPOSITION 1 Second Burles 2 Cremetton 3		14: 00:00	20b.1	PLACE AND DATE	OF DISPO	SITION (Ne			DAT		CATION — CI		
	4 Donation 5 Other (Speci	cify)	val from State	- Cemel	EADOWRID	GE M	EMOR	IAL	PARK	10-				
	21. SIGNATURE OF FUNERAL SER	AVICE LICE	ENSEE /			22	. NAME AN	ND ADDRE	SS OF FA	CILITY			,	~~~.
	SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061													
	23. PART i. Enter the disease	ses, or cr	omplications that	t caused	the death. Do	not enta	r tha mo	da of dy	AVE.	h sa can	disc or reapi	LN DUI	KNIE.	, MD 21061
	ahock, or heart f	failura. L	List only one caus	ae on eac	ich lina.									Interval Between
	disease or condition resulting in death)		Artec	250	Divato	C	ach	× 13/2	100	0	Dec	"-19 m Cge		Onast and Daath
	reauting in death)	-	DUE TO	(OR AS A	CONSEQUENCE C	OF):		0 000				crus	-	Jeans
Z	Commenter liet conditions	6	, old	Artero selvo toz Cardo vasarlan DUE TO (OR AS A CONSEQUENCE OF): Old Cluby Jasulan Ace. do					dont			year		
FIC	Sequantially list conditions, if any, leading to immediate		DUE TO ((OR AS A C	CONSEQUENCE O	HF):								4
CERTIFICATION	CAUSE (Disease or injury	< c	DUE TO											
TIE	that initiated eventa resulting in death) LAST		ין טו שטע	OR AS A U	CONSEQUENCE O	F):								
CEF		d.												
	PART ii. Other aignificant co	onditions	contributing to	daath but	t not reaulting	in the u	ndariying	cause (given in	Part i.	24s. WAS AN			WERE AUTOPSY FINDINGS
DIC											PERFOR			AVAILABLE PRIDE TO COMPLETION OF CAUSE
ME											/	1		DF DEATH?
ż														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MED EXAMINER?		HOSPITAL:			OTUE		ACE OF D	EATH (Che	eck only on	e)			
YSI	1 VES 2 NO		1 - Inpatient 2 -			_	R: Irsing Home	• 5 Re	aldenca	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pendir	daa	28s. DATE OF I (Month, Day		28b. TIM	JURY	28c. INJU	RK?		28d. DES	CRIBE HOW IN	JURY OCCU	IRED	
B	2 Accident Investi	tigation	22: PLACE OF			М		/ES 2 [NO					
8	3 Suicide 8 Could 4 Homicide determ		building, a	F INJURY atc. (Specify	At home, farm,	street, fac	ctory, office			281. LOCA	ATION (Street as or Town, State)	nd Number or	r Rural Roo	ute Number,
COMPLETED	the Operation													
MP	(Check only	G PHYSICI	CIAN: To the best of n	my knowled	dge, death occurr	ed at the	time, data	and place,	and due	to the cau	se(a) and mani	ner as stated	ź.	
00			: On the beals or sxe	emination a	and/or investigation	>n, In my o	opinion, de	eath occur	ed at the t	ilme, data	and place, and	dus to the	cause(a)	and manner as stated.
8	296. SIGNATURE AND EFFLE OF CE	ERTIFIER		£	AA JEAN	C C IV	он, м.п		NSE NUM	BER		29d. DATE S	SIGNED (A	Month, Day, Year)
2	NAME AND ADDRESS OF PER		2 0	11					195	12		10	1.75	8-91
	20. NAME AND ADDRESS OF PERS	DOM: WHILE	COMPLETED CALL	OF DEAT	H (ITEM 27) (TOP	BURN	IE, MO.	21061						
ŀ	31. DATE FILED (Month, One Vent)		22 BEGISTRAD	D'S SIGNAT	TUDE	301 - 1	760-6623	3						
	.00	1 2	9 1991	1	a Devidson	- Pan	della							
		- 00	10	51			-							

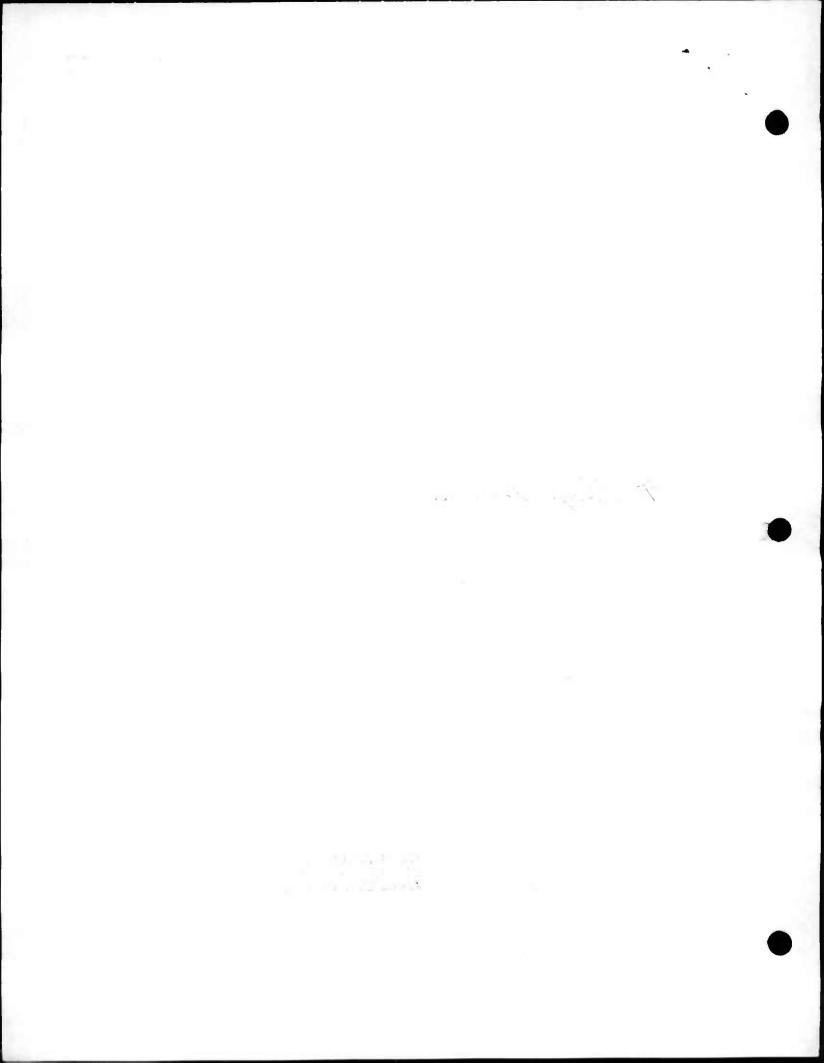
INDOCTABLE 16 from 30 to marked as from 32 absence and failure as after a market at a market as
De med within 72 hours after beath with the State Debt; of health and Merital hygiene prior to burial, cremation, or removal.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNEMAL DIRECTOR. After this certificate has been signed by the attending physician. TO THE FUNEMAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

•							91	29361			
	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	IEALTH AND I	MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	ELEANOR WOOD		PART	ISS		10 28		91 3:00 a. M			
	4. SOCIAL SECURITY NUMBER 5. S	or ride (iii	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign			
	11 070 10 2031	M 2 X 78	YRS.	MONTAS DAYS	HOURS MIN.		1913	CONNECTICUT			
or	9e. FACILITY NAME (If not institution, give street e			9b. CITY, TOWN C	OR LOCATION OF DE	ATH		Y OF DEATH			
DIRECTOR	ANNE ARUNDEL MEDICA RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	L CENTER		ANNAPOL		ANNE ARUNDEL					
DIRE	MD ANNE ARI	UNDEL.	1 1 1 1 1	N BURNIE				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER		OBE		I. ZIP CODE		100 CITIZE	1 TYES 2 X NO			
FUNERAL	8055 WINDY WOOD ROAL	D APT T-1		2	21061		U.S.				
5	11. MARITAL STATUS 12. V	MAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		4. RACE — American Indian.			
BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 (XINO TES	If yes, spi	ecify Cuben, Mexice 2 X NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Specify:			
	**							WHITE			
TE	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N leted)	16a. DECEDENT'S (Give kind of w	ork done during mo-	ON st of working	16b. KIND OF BU	SINESS/INDU	STRY			
7	10	lege (1-4 or 5+)	life. Do NOT us								
COMPLETED	1.0 N(ONE	HOMEMAK	ER		OWN HO					
	JAMES WOODRUFF					ME (First, Middle, Maider					
BE	19e. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS (Character		TH ENRIGH'					
2	LESLIE R. PARTISS,	TD			PASADENA			pde)			
	20e. METHOD OF DISPOSITION	200.0	PLACE AND DATEO					ty or Town, State			
	1 Donation 5 Other (Specify)	rom State cemet	tery, crematory or oth	ner place)	INC.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	//	THO ONE	22. NAME AN	D ADDRESS OF FAC		LITMUK	E, MD			
-3	SINGLETON FUNERAL HOME										
	23. PART I. Enter the disease or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	arrows, or mount female, Else o	nly one ceuse on eac	th line.	or enter the mod	de of dying, such	as cardiac or resp	iratory erres	Approximate interval Batween			
	iMMEDIATE CAUSE (Final disease or condition	200110101	m (1000				Onset and Death			
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	MI INN				100			
2	_	(Midial)	W MAT	111./	ALVAD	9		Acres			
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	Y -	1 10100	1		VICAI			
S	cause. Enter UNDERLYING CAUSE (Disease or injury			1							
E	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF								
CERTIFICATION	resulting in death) LAST										
-4	PART II. Other significant conditions con	tributing to deeth but	not resulting in	the underlying	Ceuse alven in I	Part I de una es	447777				
PHYSICIAN: MEDICA	CAAN	YINU	+ulls)	coose green in i	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
밀						1 [] YES 2	NO	COMPLETION OF CAUSE DF DEATH?			
≥						-		1 TYES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			26 PI /	ACE OF DEATH (Che	at anti-analy					
SIC		PITAL: npatient 2 - ER/Outpati		OTHER:							
美		28e. DATE OF INJURY	28b. TIME	OF 28c. INJU	5 ☐ Reeldence 8	28d. DESCRIBE HOW I	NJURY OCCUR	RED.			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — building, etc. (Specify,	At home, ferm, st	reet, factory, office		261. LOCATION (Street	and Number or	Rural Route Number,			
COMPLETED	4 Homicide determined		,			City or Town, State)		- L-AME - CALCADA			
4	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: 1	To the best of my knowled	ige, death occurred	at the time, date a	and place, and due t	o the causala) and ma-	Der en stelle				
ĕ l	2 MEDICAL EXAMINER: On t	he basis of examination s	nd/or investigation	, in my opinion, de	ath occured at the t	Ime, date and plece, en	d due to the c	euse(e) end menner as stated			
	296. SIGNATURE AND TITLE OF CERTIFIER										
B	// (Mus		600 F	RIDGELY	VENUE	1 1/	▶ /	OTTX/A)			
٩	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	H (ITEM 27) (Type, I	hin()	IL/21401	4	. /	-///			

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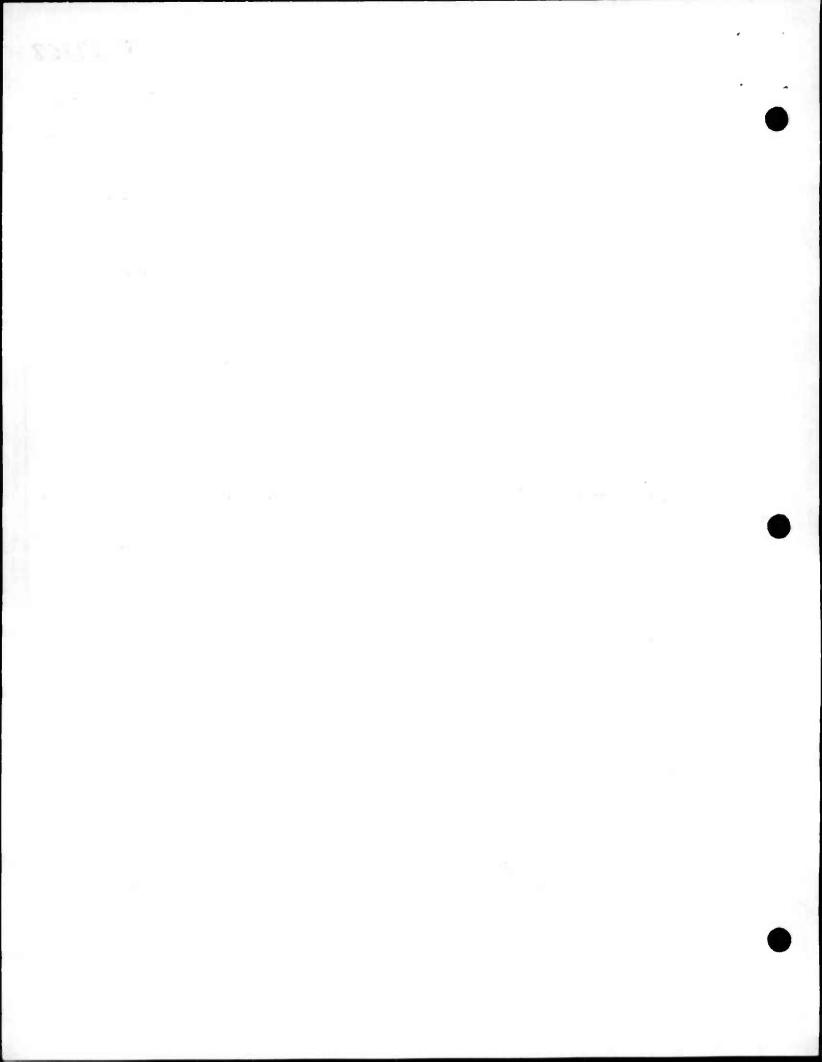
31. DATE FILED (Month, Day, Mor)





BALTIMO	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 in	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ALT	death.	funera
m	after	by the
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39 X	e exect	n and to bu
BO	cate b	physicia re prior
Ö.	certif	Aygien Hygien
5, 1	e death	he atte Wental
ORD	that th	b and
ECC	quires	n signe f Healt
7	law re	as bee
TA	V: The	State D
F <	SICIA	certif
Z	NG PH	ter this
SIO	TENDI	TOR: At
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR AT	DIRECT NOUTS
	SPITAL	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	HE H	HE FU

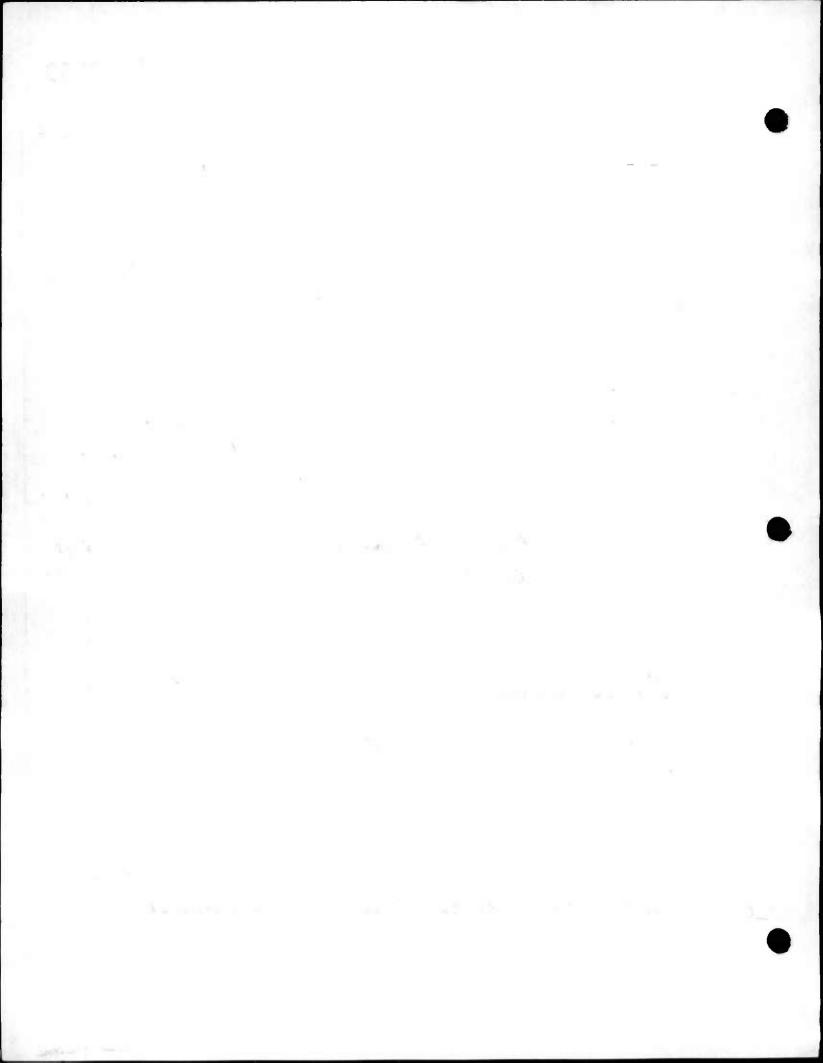
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		20360					
	1. DECEDENT'S NAME (First, Middle, Li	nst)				2. DATE OF OEATH		3. TIME OF DEATH					
	ROBERT	MELVIN		PEARCE		MONTH D	<u>26</u>	11:15 PM					
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)					
	217-38-4033 9a. FACILITY NAME (If not institution, gi		O YRS.			3 09 19	41	MARYLAND					
CTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY												
DIRECTOR		ANNE ARUNDEL		TOWN OR LOCATE EN BURN				10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	100. STREET AND NUMBER 317 OAK MANOR D			10f.	21061		10g. CITIZ	EN OF WHAT COUNTRY?					
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DECE If yea, special To YES	NDENT OF HISPAN	IIC ORIGIN? (Specify Yas n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: WHITE					
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	rade completed)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done durina masi	of working	16b. KIND OF BUS	SINESS/INDU						
MPL	10 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) NONE		SALESMAN	1	SCHMIDT	BAKI	NG COMPANY					
	JOSEPH M PEARCE					ME (First, Middle, Maiden	,						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street an		T R. SCHAE							
2	HALLIE M. PEARCE	2						ie, MD 21061					
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State Co.	b. PLACE AND DATE OF	DISPOSITION (Nam	e of	DATE 20c. LOG	CATION — CI	ity or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	LEN HAVEN	22. NAME AND	ADDRESS OF FAC		en Bu	rnie, MD					
- 9	M. Have	Hyden		1 SECO	ND AVE	ERAL HOME S.W. GLEN	BURN	IE, MD 21061					
CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failur immediate (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS .	ech iina.			Arleny		Interval Batween					
	resulting in death) LAST	d											
N: MEDICAL	PART II. Other algorificant conditions of the state of th	A 11	On CI NOVO	a a	Lung	Part I. 24a. WAS AN / PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLA	CE OF DEATH (Che	ck only one)							
14S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	petient 3 DOA 4	☐ Nursing Home		Other (Specify)							
ву Р	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOR	IY AT I? S 2 NO	28d. DESCRIBE HOW IN	JURY OCCU	RED					
- 0	3 Suicide 8 Could not b		— At home, ferm, stre	et, factory, offica		28f. LOCATION (Street ar City or Town, State)	nd Number or	Rural Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of my know	ledge, death occurred a	it the time, date ar	d place, and dua t	o the cause(a) and manr	ner sa stated	ı.					
BE CO	296. SIGNATURE AND TITLE OF CERTIF	NER: On the basis of examination	n and/or investigation, i		ac LICENSE NUM			cause(s) and manner se stated. SIGNED (Month, Day, Year)					
70	30. NAME AND ADDRESS OF PERSON I	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	nt)	1) 337	296	► 10) 27 91					
				,									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Tavidran Rang	1.00									



6 may be retained by the hospital or attendi	ctor, page 5 should be detached for use as t	nust be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior in hard remaision, or named.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF H	IEALTH AND	MENTAL	HYGIENE REG. NO.		29369
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH		3. TIME OF DEATH
			ATTERSON			OCTO	OBER 25/1	1991	03:40A
	578-30-4738	1 X M 2 - F	AGE (In yrs. lest birthday) 94 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		R BIRTH	IPLACE (State or Foreign
TOR	Sa. FACILITY NAME (If not institution, give stree WILSON HEALTH CARE RESIDENCE OF DECEDENT			96. CITY, TOWN O	OR LOCATION OF D	DEATH		NTGOM	
DIRECTOR	100. STATE 100. COUNTY MARYLAND MONTGON	MERY		Y, TOWN OR LOCAT THERSBUR					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 401 RUSSELL AVENUE	E		100	1. ZIP CODE 20877		10g. C	US A	VNAT COUNTRY?
R	t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES GIVE WAR	YES 2 NO	If yes, sp	CENDENT OF HISPA secify Cuban, Maxic 3 2 ND Spec	can, Puarto Ri	? (Specify Yea or No—ilcan, atc.)	Black	— American Indian, K, White, etc.
COMPLEIED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	College (t-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us		ON ist of working		KIND OF BUSINESS/I	NDUSTRY	
BE COM	17. FATNER'S NAME (First, Middle, Last) JESSE M. PATTERS	SON			18. MOTNER'S N	AME (First, Mi	RSHON)	
0	DORIS P. BERRY						er, City or Town, State, 2 PUBLIC, M		0676
	20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE OF THE TROPOLITY			10/2			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Buche					FUNERAL HOE ROAD L		20882 SVILLE,MD.
	23. PART I. Enter the diseases, or con ahock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition recuiting in death)	et only one ceuse o	aused the desth. Do non each line. The Present As A CONSEQUENCE DE		de of dying, su	ch as cardi	ec or reepiratory a	rrest,	Approximete intervel Betwee Onaet and Dea
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseesa Dr Injury that initiated evente resulting in death) LAST	Denen' DUE TO (OR		ŋ:					Months
TITSICIAIN. MEDICAL C	PART II. Other eignificant conditions of	contributing to dee	th but not resulting is	n the underlying	; ceuse given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
A14. IV		Minmis							1 YES 2 ND
200	1 YES 2 ND	OSPITAL:	/Outpetient 3 DOA	OTHER:	ACE OF DEATN (C)				
10	27. MANNER DF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJU (Month, Day, Ye	bar) NJU	M t Y	RK? /ES 2 NO	28d. DESC	RIBE NOW INJURY O	CCURED	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJ building, atc.	JURY — At home, tarm, st (Specify)	treet, fectory, office		28f. LOCAT City or	FION (Street and Number Town, State)	er or Rural Ro	oute Number,
COMIT CE I CO	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the best of my li On the beals of exemi-	nowledge, death occurrention and/or investigation	d at the time, data n, in my opinion, de	and place, and due	to the cause time, data a	e(a) and manner as stand place, and due to	ated. Iha cause(a)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTURES	- m.p			29c. LICENSE NU		29d. DA	TE SIGNED	(Month, Day, Year)

32 REGISTRAN'S SIGNATURE LEVISOR - Pandelle



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be executed within surs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	ID THE FLAKERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the fu settled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if Item 28 is marked or item 23 shows any Injury, or o

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT O		IENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	dna Floren	ce Pridg	eon	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	EDNA		PRID	GEON	10	26	91 08:40 PM
		SEX 6. AGE (In yrs. le	st birthday) IF UNDER t YE MONTHS DA		7, DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
	217-12-3855	□ M 2 🛛 F 68	YRS.	AOUNS MIN.	06/09/2		ryland
	9a. FACILITY NAME (If not institution, give street a	and number)	9b. CITY, TO	YN OR LOCATION OF DEA	АТН	9c. COUNTY OF	OEATH
DIRECTOR	NORTH ARUNDEL HO	OSPITAL ASSOC		GLEN BURNII	E		A.A. COUNTY
	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L				10d. INSIDE CITY LIMITS?
1 1		Arundel			Burnie		1 TYES 2 X NO
34	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	16 Harding Road	<u>. –</u>			060		USA
5	1 X News Married 2 Married	WAS DECEDENT EVER IN U.S. AFFORCES? 1 X YES 2	NO It ye	DECENDENT OF HISPANI , specify Cuban, Maxican	, Puerto Rican, etc.)	or No— 14. RA	CE — American Indian, ack, Whita, etc.
B	3 Widowed 4 Divorced	1944 - 196	ا ا	YES 2 X NO Specify:		Sp	White
	15. DECEDENT'S EDUCATION	ON 18a, D	ECEDENT'S USUAL OCCU	PATION	18b. KIND OF BUSI	NESS/INOUSTRY	
	(Specify only highest grade comp Elementary/Secondary (0-12) Co	opleted) ((Give kind of work done durir le. Do NOT use retired.)	most of working			
₫	12th		Supply S	et.	US	Armv	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden S		
BE C	William Prid	geon		Bessi	e Foell	er	
	19a. INFORMANT'S NAME (Type/Print)	.1	9b. MAILING ADDRESS (SI				
유	Margaret A. No	eubert '	3242 Sout	hern Aven	ue Balt	imore.	MD 21214
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramoval	from State 0000 p	E OF OISPOSITION (Name olace)			ATION City or	
	4 Donation 5 Other (Specify)	Metro	O Cremato	ry. Inc.	10/28 Ba	ltimor	e. MD
	21. SIGNATURE OF FUNERAL SERVICE DICENS	The soll	22. NAI	mation So	Cioty of	MA	Tno
	George E. Ma	acNabb	299	Frederic	k Road B	alto	MD 21228
	23. PART I. Entar tha diseasas, or com-	plications that ceuaad the d	leath. Do not antar the				Approximate
	Shock, or neert fellure. Liet IMMEDIATE CAUSE (Final	t only one cause on sech lin	COLUMN TO SERVICE STATE OF THE	1 0 1 1			Interval Between Onset and Death
	disesse or condition resulting in desth) s	acute M	numarala	linfarctu	m)		
		DUE TO (OR AS A CONSI	EOVENCE OF):	July	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Z	Sequentielly list conditions,						
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSI	EOUENCE OF):				
일	CAUSE (Disease or Injury C. —	OUE TO (OR AS A CONSI	FOUENCE OF:				
Ē	that initiated events resulting in death) LAST						į
CEI	d						
CAL	PART II. Other significent conditions co	ontributing to death but not	resulting in the unde	tying cause given in i	Part 1. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
					1 _ YES 2	NO	COMPLETION DF CAUSE DF DEATH?
MEDI					_ 1		1 NES 2 NO
-							
				6. PLACE OF OEATH (Che	ick only one)		
CIA		IOSPITAL:					
YSICIA	EXAMINER?	☐ Inpatient 2 ☐ ER/Outpetient	3 DOA 4 Nursing	Home 5 - Residence			
PHYSICIAN:	EXAMMER? 1 VES NO 27. MANNER OF DEATH		3 DOA 4 Nursing 28b. TIME OF INJURY 28	INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED)
ВУ	EXAMNER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpetient 28e. DATE OF INJURY (Mohth Dec.)	3 DOA OTHER: 4 Nursing 28b. TIME OF INJURY M	INJURY AT WORK? ☐ YES 2 NO	28d. DESCRIBE HOW IN		
ВУ	EXAMNER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending	□ Inpatient 2 □ ER/Outpetient 28e. DATE OF INJURY	3 DOA 4 Nursing 28b. TIME OF INJURY M	NJURY AT WORK? YES 2 NO			al Route Number,
BY	EXAMPHER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	Dispatient 2 ER/Outpetient 28e. DATE OF INJURY (Mobit) Del, and 28e. PLACE OF INJURY — At I building, etc. (Specify)	OTHER: 3 DOA 4 Nursing 28b. TIME OF INJURY M NOTHER: 4 Nursing 28b. TIME OF INJURY M NOTHER: 4 Nursing A DOA A Nursing OAVAING OAVAING OAVAING OAVAING OAVAING OAVAING	. INJURY AT WORK? VES 2 NO Office	28d. DESCRIBE HOW IN 28t. LOCATION (Street a City or Topin, State)	nd Number or Ry	
ВУ	EXAMNER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	Dispatient 2 ER/Outpetient 28e. DATE OF INJURY (Mobit) Delignment 28e. PLACE OF INJURY — At I	OTHER: DOA 4 Nursing 28b. TIME OF RINJURY Norme, farm, street, fectory DOAVALING Norme, farm, street, fectory DOAVALING Norme, farm, street, fectory	. INJURY AT WORK? YES 2 NO Office OUSE data and place, and dua	28d. DESCRIBE HOW IN 28t. LOCATION (Street a City or long, State) to the cause(e) and men	nd Number or Ry ING Rd	Tel Picule Number, Gen Burnie
BE COMPLETED BY	EXAMNER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	Dispettent 2 ER/Outpettent 28e. DATE OF INJURY (Mohr, Deg, and 28e. PLACE OF INJURY — At a building, etc. (Specify) IN: To the best of my knowledge, of the specific of the	OTHER: DOA 4 Nursing 28b. TIME OF RINJURY Norme, farm, street, fectory DOAVALING Norme, farm, street, fectory DOAVALING Norme, farm, street, fectory	. INJURY AT WORK? YES 2 NO Office OUSE data and place, and dua	281. LOCATION (Street a City or Door, State) to the cause(e) and men time, data and place, and	nd Number or Ry ING Rd	rel Route Number, GEN BURNIE se(a) and manner as stated.
COMPLETED BY	EXAMNER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	Dispettent 2 ER/Outpettent 28e. DATE OF INJURY (Mohr, Deg, and 28e. PLACE OF INJURY — At a building, etc. (Specify) IN: To the best of my knowledge, of the specific of the	OTHER: DOA 4 Nursing	injury AT WORK? YES 2 NO office OUSE data end place, and dua on, death occurred at the	284. DESCRIBE HOW IN 281. LOCATION (Street a City or loon, State) to the cause(e) and men tima, data and place, and	nd Number or Ry ING Rd ner as stated. Id due to the cause	rel Route Number, GEN BURNIE se(e) and manner ae stated.

DHMH-18 Rev 1/89

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nsit, permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-te	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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							9 1	23311
	1 - FOR STATE REGISTRAR	STATE OF MARYLANI		TMENT OF H		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-1	01	Ris	iii	2. DATE OF DEATH MONTH DA	W Y	EAR 3. TIME OF DEATH
	MICHA	EL	TA	1215		10-24	1 9	/ /O 40 / M
			s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	219–70–5750 1	XM2□F 33	YRS.	CAMI.		12-29-5	7	MARYLAND
_	9a. FACILITY NAME (If not institution, give street			96. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
2	BALTIMORE COUNTY O	SENERAL HOSPI	TAL	RA	NDALLSTO	WN	B	ALTIMORE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
뜸	MARYLAND BALTI	[MORE		RANDAL	LSTOWN			LIMITS? 1 TYPES 2 NO
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	9054 MEADOW HEIGHT	IS RD.			2113	3	USA	4
S		. WAS DECEDENT EVER IN U.S	B. ARMED			IC ORIGIN? (Specify Yes		. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	-Xo		2 XO Speath	n, Puerto Rican, etc.) /:		Specify: WHITE
	15. DECEDENT'S EDUCATI (Specify only highest grade com	DN 16a pleted)	(Give kind of	USUAL OCCUPATION Work done during mo se retired.)	ON st of working	18b. KIND OF BU	SINESS/INDUS	TRY
ا ڌ	Elementary/Secondary (0-12) C	college (1-4 or 5+)				G73.70		1000 - 00
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		SP	LESMAN	14 MOTHED'S NA	ME (First, Middle, Malden		JCK & CO.
	HAROLD PARIS				Post II. Toursen till.	The state of the s		
B	19a, INFORMANT'S NAME (Type/Print)		19b, MAJLING	ADDRESS (Street a		GILDA GOO Route Number, City or Tow		ode)
2	HAROLD PARIS		9054	MEADOW H	ETCHTS R	D. RANDALI	STYCKINI	MD 21133
	20 METHOD OF DISPOSITION 1 D Burlal 2 C/emation 3 D Ramoval	20b. PL	ACE OF DISPO	SITION (Name of cer				y or Town, State
	4 Donation 6 Other (Specify)	OH OH	er place) IEL YAK	OV-BETH	ISRAEL 1	0/27/91 BA	T.TTMOE	RE, MD
	21. SIGNATURE OF FUNEBAL SERVICE LICENS	SEE A A		22. NAME AF	ND ADDRESS OF FA	CILITY		
	+ Hordwey L.	tellua	ec)			SON & BROS		
	23. PART I. Enter the diseases, or com	polications that caused th	a death. Do			TOWN RD.		
	shock, or haárt fallúre. List	only one cause on each	fine.		ac or aying, cae		y arros	Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Bar-	TEN	1/ [1	DOCAL	DITIS		Oliset and Death
	resulting in death) a	DUE TO (OR AS A CO	NSEQUENCE C	7L E/V	DOCAR	- 9111		
,		STAPHI	lococi	US AUK	FUS S	DITIS SEPTICE	MIA	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CO	INSEQUENCE C)F):		0,.,-		
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	CHRO.	NIC	RENAL	FAIL	URE		
드	that initiated events	DUE TO (OR AS A CO						
ER	resulting in death) LAST							
	PART II. Other algnificant conditions of	ontributing to death but i	not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S						PERFO		AVAILABLE PRIDR TO COMPLETION DF CAUSE
				_		1 □ YES	Z NO	OF DEATH?
Σ								1 123 2 100
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	neck only one)		
Sic		OSPITAL:	ent 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: MEDICA	27. MANNER OF BEATH	28a. DATE OF INJURY	28b. Til	WE OF 28c, IN.	TURY AT	28d. DESCRIBE NOW	INJURY OCCU	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — a building, etc. (Specify)	At home, farm,	street, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,
TED	4 Homicide detarmined	- Control of the control				Sale Sale		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledg	ge, death occur	red at the time, date	and place, and due	to the cause(a) and ma	nner as stated	
OM	anal (On the basis of summington an	d/or investigat	ion, in my opinion, c	leath occured at the	time, date and place, a	nd due to the	cause(s) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER	11	112	_	29c, LICENSE NU		29d. DATE S	SIGNED (Month, Day, Year)
m		/, \ // X	N	T	カッサ	1 10	I N /	0 6711-91

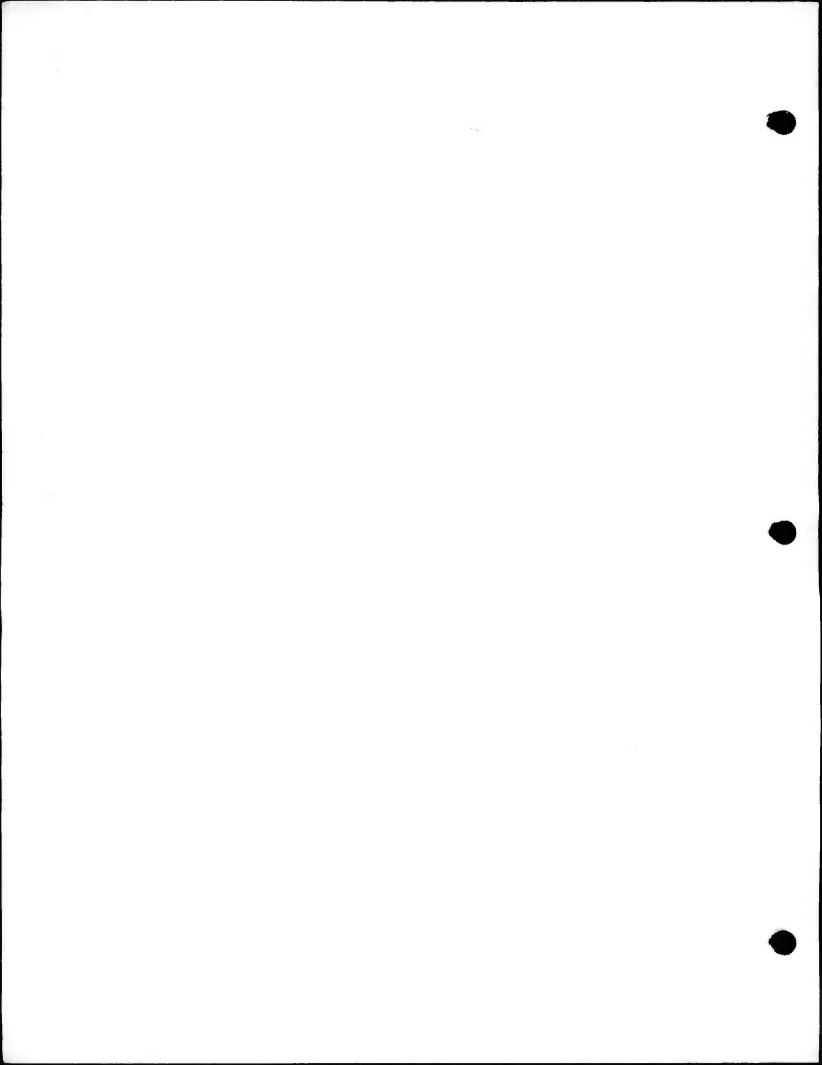
Trijden Pandells

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LAYNOLD DEVES THE

DHMH-16 Rev 1/89



	FOR	amina da	per F.H						MENTAL HYGIE	9	1 2	9372
	1 - STATE 11/1/91 REGISTRAR	STATE OF A	MARYLAND / [CEI	DEPAR RTIF	TMENT ICATE	OF HI	EALTH DEAT	AND I	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	WEAR	3. TIME OF DEATH
	ALICE	W.		$\overline{}$	JEEN				10 2	+	1991	4:20P
	217-20-4193	5. SEX	6. AGE (In yrs. last b	vrs.	IF UNDER 1		HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month 3 m) 1 191	1	8. BIRTH Count	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give :	- 1	- 60	THS.	9b. CITY,	TOWN OF		201 00 00				" Md
R			CDITAI							9c. CO	OUNTY OF D	EATH
5	MARYLAND GEN RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							JKE	CITY			
IRE	10a. STATE 10b. COUNT	Y			v, town of TIMOR		ON					10d. INSIDE CITY
3	10e. STREET AND NUMBER			DAL	THON		ZIP CODE	_				1 YES 2 NO
ERA	1928 Penna Aven	ue				107.		217		10g. C	U S	VHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.ARME	ED	13. W	AS OECE	NDENT O	F HISPAN	IIC ORIGIN? (Specify Yo	s or No-		E — American Indian,
7	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO		If.	yes, spec	cify Cubar	n, Maxica: Specify	n, Puarto Rican, etc.)			t, Whita, etc.
	15. DECEDENT'S EOU	CATION										Black
	(Specify only highest grade	completed) College (1-4 or 5 +	(Give	kind of w	vork done du e retired.)	ring most	N t of workin	g	16b, KIND OF BI	JSINESS/II	NDUSTRY	
PL	12th Grade	College (1-4 or 5+		mema	ker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Middle, Malde	Sumame))	Elizabeth
BE (ttenton							KANKANAKA		-	Wettenton
2	19a. INFORMANT'S NAME (Type/Print) Albert Queen, J	r	196. 1	MAILING	AOORESS	Street and	d Number	or Rural F	Poure Number, City or To Baltimo	vn, State, 2	Zip Code)	21216
	29a. METHOD OF DISPOSITION		20b. PLACE ANI					ciiac				21216
	1 Donation 5 Other (Specify)	oval from Stata	Ar but	us of	Melilor	ial	Parl	k	in		US M	
	21. SIGNATURE OF FUNERAL SERVICE LIC						ADDRES				,	
		goet.			43	300	Wabas	h Ave	enue			
	23. PART I. Enter the diseases, or ahock, or heart fellure.	implications that	caused ha deet	h. Do n	ot enter t	ne mode	e of dyle	ng, auch	as cardiec or reep	iratory a	irreat,	Approximate
	IMMEDIATE CAUSE (Final			1	0			0	0			Interval Between Onset and Deat
	resulting in death)	. Athew:	sclero Tre	. C	andi'	0 00	Rocy	lan	Disea	ar		
_	_	DOE 10 (OR AS A CONSECU	ENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQUE	ENCE OF):							
O	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										_ [
	that initiated eventa resulting in death) LAST	OUE TO	OR AS A CONSEQUE	ENCE OF) :							
병		f										
¥.	PART II. Other eignificant condition	e contributing to	deeth but not read	ulting is	the und	erlying	ceuse g	iven in i	Part I. 24a. WAS AF		7 24b.	WERE AUTOPSY FINDINGS
8									1 1	2 240		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M									- one			1 YES 2 NO
z I	25 WES CASE DESERBED TO MESOLOW								De			/
< 11	EXAMINER?	HOSPITAL: V			OTHER:							
SICIA		28a. DATE OF	INJURY 2				_	-		N HIEV OV	COURER	
HYSICIA	27. MANNER OF DEATH		y, Year)	INJE	JRY M	WORK			Zed. DESCRIBE NOW	MJUHT OC	CCUMED	
Y PHYSICIAN: MEDICAL	1 Natural 5 Pending	(Month, Da				1 YE:	S 2 🗌	NO				
B	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At home,	, farm, st	reet, factor				28t. LOCATION (Street	and Numbe	er or Rural R	oute Number,
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF	INJURY — At home, ttc. (Specify)	, farm, st	reet, factor				28t. LOCATION (Street City or Town, State	and Numbe	er or Rural R	oute Number,
B	1 Natural 2 Accident 3 Suicide 4 Homicide 8 Centifier (Check only) 1 CERTIFYING PHYSIC	28a. PLACE OF building, a	my knowledge, death	occurred	d at the time	, office	S 2 _	and dua t	City or Town, State	nner aa at	ated.	
B	1 Natural 2 Accident 3 Suicide 4 Homicide 8 Centifier (Check only) 1 CERTIFYING PHYSIC	28a. PLACE OF building, a	my knowledge, death	occurred	d at the time	, office	S 2 _	and dua t	City or Town, State	nner aa at	ated.	oute Number,
	1 Natural 2 Accident 3 Suicide 4 Homicide 8 Centifier (Check only) 1 CERTIFYING PHYSIC	28a. PLACE OF building, of clans: To the best of r.R. On the basis of axi	my knowledge, death	occurred	d at the time	, offica , deta ar nion, des	S 2 _	and dua t	City or lown, State to the cause(a) and ma time, data and placa, as	nner aa at	ated. the cause(a)	and menner as stated. (Month, Day, Year)
N: MEDI	tXXYES 2 □ NO	28a. DATE OF		8b. TIME	4 Nursin	g Home 8c. INJUR WORK	5 Rae	idence 8	1		CCURED	OF DEATH?

111

1991 Julia Savidson-Randell

PENN

STREET

21201

BALTIMORE, MARYLAND

32. 9

31. DATE FILED (Month, Day, Year)

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

BE

2

notified at 2 must examiner medicai the event, traumatic or other Injury. shows any has b 23 Hem DIRECTOR: After this certificate hours after death with the State 6 marked, 8 200

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ETED

COMPL

BE

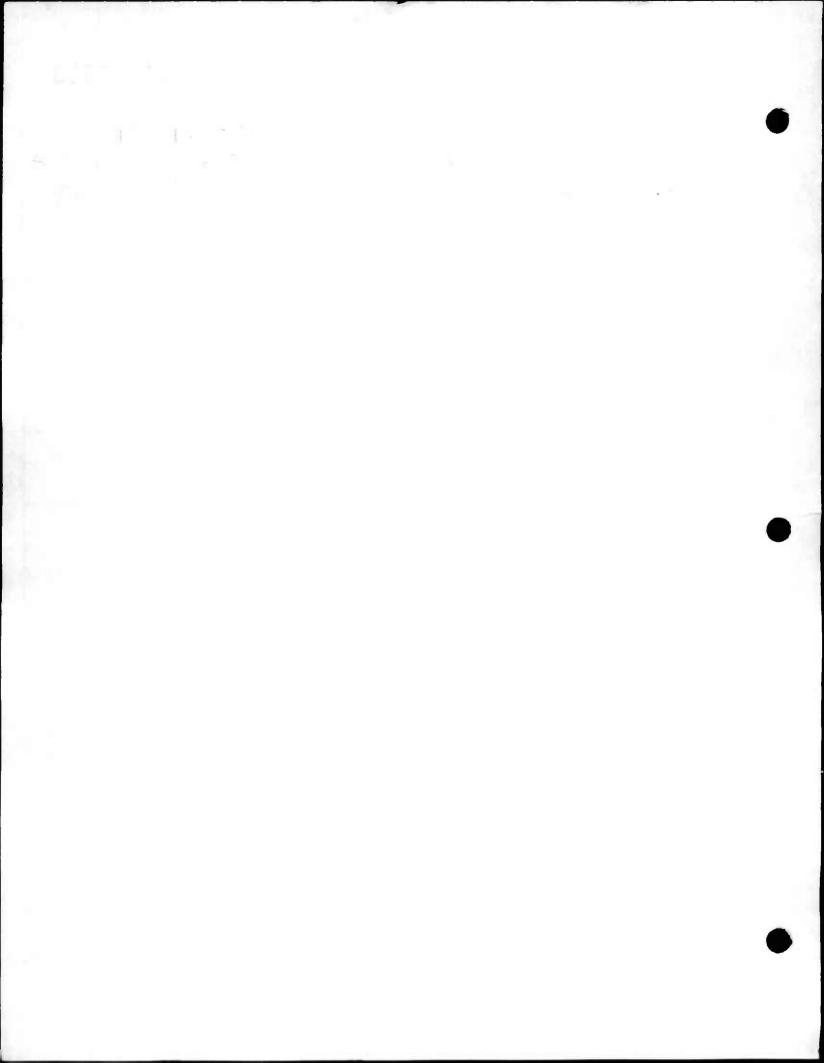
5

Item

TO THE HOSPITAL OF THE FUNERAL DE FIER WITHIN 72 M IMPORTANT; If IN HOSPITAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3. TIME OF DEATH 21.32 Hildegard C.E. Rossman 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 216-05-002710 HZ 82 09 SI BALTIMORE MD BALTIMORE CIT HARBOR HOSP RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore _____ 1 X YES 2 | NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 539 Pontiac Avenue 21225 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexicen, Puerto Rican, 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: 3 🔀 Widowed 4 🗋 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) **Ullrich** Ernest J. Emma S. J. Grosse 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda Pascoe 6215 Orchard Road Linthicum, Maryland 21090 20a. METHOD OF DISPOSITION
1 & Burlel 2 Cremetion 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cedar 4 ☐ Donation 5 ☐ Other (Specify) Hi11 Cemetery 10/28 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY namuowski George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Maric 30da resulting in deeth) QUE TO (OR AS A CONSEQUENCE OF) relemoria Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 0 istec tome AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER 1 TYES 2 NHO atlant 2 - ER/Outpatient 3 - DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide A 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Walso 20 24th 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AFROLE MUNEER, 7896 R 31. DATE FILED (Month, Day, Year) 32 REGISTRAP'S SIGNATURE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE C	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ROY	L.		ROVE.	.Tr.	2. DATE OF MONTH	DEATN DAY	YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER					10		991	11:50 P M
	220-86-1394	5. SEX	6. AGE (In yrs. last birthday, 19 YRS.	MONTHS DAY		7. DATE OF (Month, D 9/12/	BIRTN (%, Year)	Cour	THPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s		- '/	as other rou	N OR LOCATION OF			_	ryland
8			1		imore	DEATH	9c. CO	UNTY OF	DEATN
5	University RESIDENCE OF DECEDENT			I Dali	ТШОГЕ				
DIRECTOR	Md.	1		TY, TOWN OR LO					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		De	TOTHOTE	101. ZIP CODE				1 YES 2 NO
FUNERAL	3607 5th St.,				21225		10g. CI		WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13 MMS	DECENDENT OF NISE	ANIC ODICING (Paratty Was as Ma	USA	NE 4 1 1 1
	1 Never Merried 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2 NO	If yes	specify Cuban, Max	icen, Puerto Rice	en, atc.)		CE — American Indien, ck, White, etc.
ВУ	3 Widowed 4 Divorced	11 163, 0116 144	N ON DATES	''	rES 2 NO Spe	city:		Spe	white
回	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DECEDENT	S USUAL OCCUP	ATION most of working	16b. KI	ND OF BUSINESS/II	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT	use retired.)	most or working				
NO OM	17. FATNER'S NAME (First, Middle, Last)		unem	ployed	40 MOTHERIN	14115 (5)	fle, Melden Sumeme)		
	Roy L. Rowe. Sr.					net M.			
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre	et and Number or Run			Zin Code)	
2	Janet M. Wilson				lou St.,				
	20a. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rame	oval from State	20b. PLACE AND DATE cemetery, crematory or	OFDISPOSITION			20c. LOCATION - Baltim		Town, State
	4 Donetion 5 Other (Specify)		Mt. Zion	Cemete			Baltim	ore,	Md.
ļ	21. SIGNATURE OF PLINERAL SERVICE LIC	ENSEE,	S	22. NAMI	y L. Kau	FACILITY	neral Ho	me	
	Lary	d. No	ufmens	569	5 Main S				21227
CATION	23. PART I. Enter the diseases, prosphock, prince in the process of the process o	DUE TO (C	OR AS A CONSEQUENCE OF	USVSUS-					Interval Between Onsat end Daath
CERTIFICATION	that initieted events resulting in death) LAST	OUE TO (C	OR AS A CONSEQUENCE O	DF):					
	PART II. Other algnificant condition	e contributing to d	eath but not resulting	in the underl	ing cause given i	n Part I. 24	e. WAS AN AUTOPSY	7 24	b. WERE AUTOPSY FINDINGS
MEDICAL						1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (
ž	27. MANNER OF DEATH	28e. DATE OF IN	ER/Outpatient 3 DOA		ome 5 Residence	1			
4	1 Natural 5 Pending	(Month, Day,	Year) IN	JURY	WORK?		BE HOW INJURY OF		
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — Al home, ferm.	street, fectory, o	X		on (Street and Number		
Ē	4 Nomicide determined	Dunding, er	c. (Specify) home			City or To	wn, State)		
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC			and at the time of	de and alone and d			reet	
COMPLETED	one) 2 MEDICAL EXAMINER	R: On the basis of exam	mination end/or investigati	on, in my opinio	n, death occured at the	na time, date and	e) end menner se st I place, end due to i	ated. Ihe ceuse(e) and menner se stated,
	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE N				D (Month, Day, Year)
BE	Mary not me	Mull							
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	s, Print)	I O . C . M	· C ·		0 17	1991
	Margarita A. K	orell. M	ID 11	Penn	Street	, Balt	imore 1	Mary	land 2120

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a man and a second of

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending otherician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire be filled within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

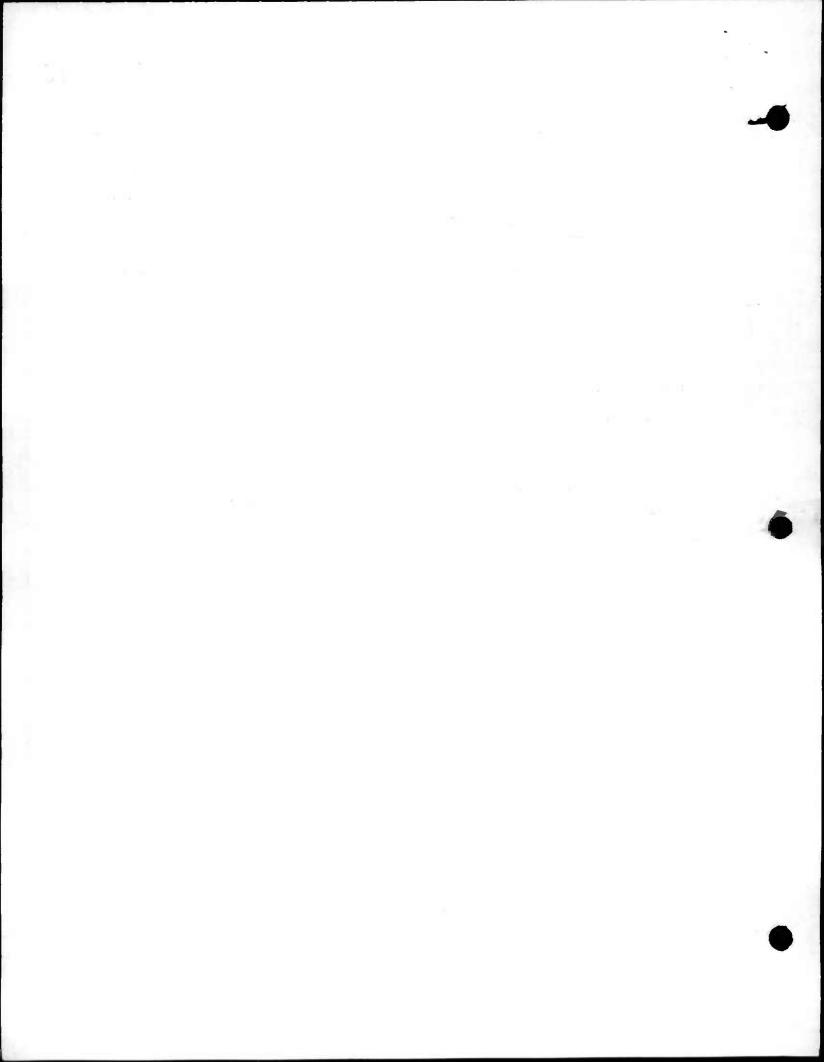
				¥ 83					9		29375
	1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPARTME RTIFICA	NT OF	HEALTH AND DEATH	D MENTAL	HYGIEN REG. NO.	E	·	
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	v	VEAD	3. TIME OF DEATH
	RUTH 4. SOCIAL SECURITY NUMBER	N AOMI			DIFER		<u> 10</u>		7	91	3.:37 AM M
		1 M 2 F	AGE (In yrs. last	YRS. MONTH	DER 1 YEAR	HOURS MI	N. (Month,	OF BIRTH , Day, Year)		6. BIRTH Countr	PLACE (State or Foreign y)
	215-09-4770 9e. FACILITY NAME (If not institution, give str	Λ	81	5.75			03	04 1			YLAND
Œ	NORTH ARUNDEL HO		COCTAT			OR LOCATION O			9c. COUN		
DIRECTOR	RESIDENCE OF DECEDENT	JOLITAL AS	SOCIAL	TON	GLE	N BURNI	E			A . A	. COUNTY
RE	10a. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCA	TION					10d. INSIDE CITY
	MD	may-mail		BALTI	MORE						1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	NT TYP			10	f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
NE	2451 WASHINGTON B					21230				.S.	Α.
	1 X Never Married 2 Married	12. WAS DECEDENT EV	YES 2 XNO	MED O	If yes, sp	CENDENT OF HIS	xicen, Puerto Ri	(Specify Yes	or No-	14. RACE Black	— American Indian, , White, atc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		1 TYES	2 X NO Sp	pecify:			Specif	WHITE
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DEC	EDENT'S USUAL	OCCUPATI	ON	16b.	KIND OF BUS	INESS/INDU	ISTRY	***************************************
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	e kind of work do Do NOT use retire	ne during mo d.)	ost of working					
MP		IONE	SUPI	ERVISOR			MAR	RYLAND	GLAS	S CC	OMPANY
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Mi			0 00	XXX 1111
BE		EDIFER					LDA MAY				
2	190. INFORMANT'S NAME (Type/Print) DOROTHY P. REDIFE	מי		MAILING ADDR			iral Route Numbe	er, City or Town	, Stete, Zip C	Code)	
				SAME AS						_	
	20s, METHOD OF DISPOSITION 1 \(\bar{A}\) Burlel 2 \(\bar{C}\) Cremetion 3 \(\bar{A}\) Remon 4 \(\bar{A}\) Donation 5 \(\bar{A}\) Other (Specify)	val from State		nd date of disp natory or other place PARK			DATE		ATION — CI		
	21. SIGNATURE OF FUNEJIAL SERVICE LICE	INSEE	LOUDON			LKY ND ADDRESS OF	10-	-30	Balt	imor	e, MD
	· 1) 46	Sx				ETON FU		HOME			
-	23 PART i Enter the diseases or or	acc.	+		1 SEC	OND AVE	E. S.W.	GLEN	BURN	IE.	MD 21061
	23. PART i. Entar tha diseasea, or co shock, or haart fallure. L	lat only one cause o	on aach iina.	th. Do not and	lar tha mo	da of dying, a	nuch as cardi	ac or reapir	etory arre	et,	Approximata intervsi Between
	iMMEDIATE CAUSE (Final disease or condition		•								Onsat and Daeth
	reaulting in death)	DUE TO (OR)	AS A CONSEOL	JENCE OF:							
z		GI									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONSEQU								
S	cause, Entar UNDERLYING CAUSE (Disease or injury										
H.	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEOU	JENCE OF):							
Ä	d.										
- 11	PART ii. Other algnificant conditions	contributing to dast	th but not re:	suiting in the	undariying	g cause given	in Part i.	24s. WAS AN /	UTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	possible 6	I/Ivng	canc	25				PERFOR	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	1	3						1 YES 2	MD	1	OF DEATH?
ž											1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	W000000				ACE OF DEATH	(Check only one)				
YSI		HOSPITAL: 1 Inpatient 2 I ER/C	Outpatient 3	DOA 4 N		e 5 🗆 Residen	ce 6 🗆 Other ((Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE DF INJUI (Month, Day, Yes	art f	26b. TIME OF INJURY	28c. INJ	URY AT	28d. DESC	RIBE HOW IN	JURY OCCU	RED	
B	2 Accident Investigation	W	/ '	М	1 🗆 1	ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJI building, atc. (5	URY At home Specify)	e, ferm, streat, fa	ictory, office		26f. LOCAT City or	TON (Street en Town, State)	d Number or	Rural Ro	oute Number,
E											
COMPLETED	(Check only	AN: To the best of my kr	nowledge, desti	h occurred at the	time, date	end place, end o	due to the cause	e(s) end mann	er es atsted	i.	
8	2 MEDICAL EXAMINER:	On the besis of examine	stion and/or inv	matigation, in my	opinion, de	eath occured at 1	the time, date e	nd place, and	due to the	csuse(s)	end menner as ateled.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	Hochn				29c. LICENSE N					Month, Day, Year)
ဂ္ဂ	30. NAME AND ADDRESS OF PERSON WHO	(1	-			D4	1104		10 5	7.91	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

THEODORE C. HOUK, M.D./201 E. UNIVERSITY

32. REGISTRAR'S SIGNATURE. 1991 Julia Savidson-Randala

PARKWAY/BALTIMORE, MARYLAND 21218



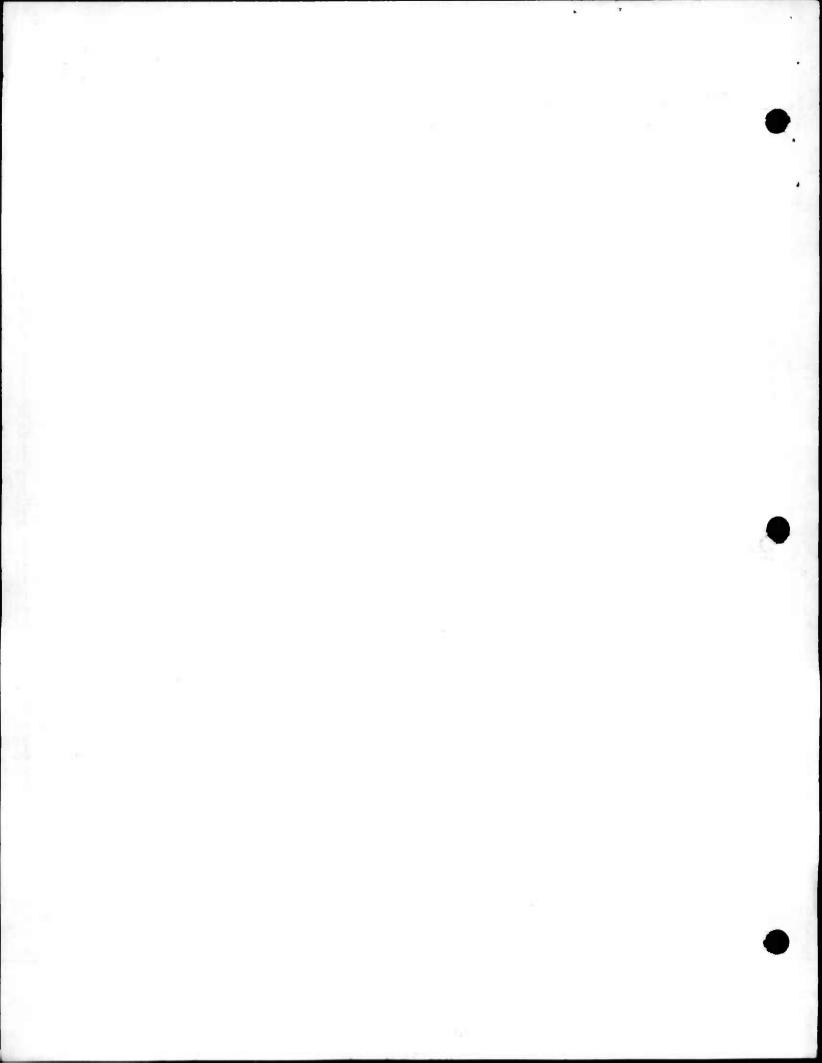
31. DATE FILEO (Month, Day, Year)

OCT 2,9 1991

32. REGISTRAR'S SIGNATURE Fulia Davidson-Handall

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be departed for use as the burial transfer named bases 1.2 a security
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las		CERTI	FICATE O	F DEATH	REG. NO.		
PMYLLIS	RICH	BUR9			2. DATE OF DEATH DAY 10/23/91	YEAR	3. TIME OF DEATH 2:45PM
4. SOCIAL SECURITY NUMBER 231-66-1402	1 - M 2x F	S. AGE (In yrs. last birthday 44 YRS.	MONTHS DAVE		7. DATE OF BIRTH (Month, Day, Year) 5/27/47	Count	PLACE (State or Fore
PRINCE GEORGE RESIDENCE OF DECEDENT	atriet and number)		96. CITY, TOWN	N OR LOCATION OF	OEATH	ec. COUNTY OF L	DEATH
10a. STATE MD 10b. COUN		DIS	STRICT H	EIGHTS			10d. INSIDE CITY LIMITS? 1 X YES 2 N
10e. STREET AND NUMBER 6575 H	ILMAR DRIVE			101. ZIP CODE 20743-4		109. CITIZEN OF V	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1	YES 2X NO	If yes,	ECENDENT OF HISPA	ANIC ORIGIN? (Specify Yee o	r No- 14. RACI	E — American Indian k, White, etc. B:Lack
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 12 Yrs	OUCATION de completed) College (1-4 or 5+) None	(Give kind o	's usual occupa' of work done during r use retired.)	most of working	16b. KIND OF BUSIN	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Robert William	ns				AME (First, Middle, Maiden Su a Armstead	rname)	
19a. INFORMANT'S NAME (Type/Print) Clara Williams	3	19b. MAILIN Same	as 10a		I Route Number, City or Town,	State, Zip Code)	
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rei 4 Donetion 5 Other (Specify)	moval from State	20b. PLACE AND DATE cametery, crematory or Harmony M	E OF DISPOSITION /	Name of	OATE 20c. LOCA	TION — City or To	
21. SIGNATURE OF FUNERAL SERVICE L	mid		30.	15 12th S	John T Rh St NE, DC 20	01/	., Inc.
23. PART I. Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Probal	on each line.	assive		ch as cardiac or respira		Approximat Interval Bet Onset and I
							1
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death). LAST	C	R AS A CONSEQUENCE (
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse pr injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE O	OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	c	R AS A CONSEQUENCE O	OF):	ng cause given in	1 Part I. 24a. WAS AN AU PERFORME 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	DUE TO (OF	R AS A CONSEQUENCE (OF): 7 In the underlyle 28. F	PLACE OF DEATH (C)	PERFORME 1 YES 2		WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OF d	Path but not reaulting	26. F OTHER: 4 Nursing Ho	PLACE OF DEATH (C) me 5 Realdence AJURY AT	PERFORME 1 YES 2	No FOS	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OF d	R AS A CONSEQUENCE (path but not reaulting R/Outpetient 3 □ DOA JURY 196a/) 26b. TH NJURY — At home, farm.	28. F OTHER: 4 Nursing Ho ME OF URRY M 1	PLACE OF DEATH (C) me 5	PERFORME 1 YES 2 heck only one) 6 Other (Specify)	URY OCCURED	AWALABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Suicide 4 Homicide Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	DUE TO (OF d. DOE TO (OF d. HOSPITAL: 1 Inpatient 2 El 26a. DATE OF IN. (Month, Day, 28c. PLACE OF It building, etc.	PRAS A CONSEQUENCE Contact the second search of the second search of the second search of the second search of the second search of the search	26. F OTHER: 4 Nursing Ho ME OF 28c. IN AJURY M 1 , atree1, factory, offi	PLACE OF DEATH (CI me 5 Realdence AUURY AT ORK? YES 2 NO	PERFORME 1 YES 2 heck only one) 6 Other (Specify) 26d. OESCRIBE HOW INJU 28J. LOCATION (Street and	JRY OCCURED Number or Rural R	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO



OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	resolver. The law requires that the death certificate be executed within 2 mouns after death. Page 6 may be retained by the hospital or attending physician.	The fact has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit.	or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OFFICIAL PROPERTY OF THE CAN'T THE Law requires that the death certificate be ex	TO THE FUNERAL ORECTOR After the centre cate has been signed by the attending physician and completely filled in by the be filed within 72.	IMPORTANT: If them 25 to marked, or item 23 shows any Injury, or other traum

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.			
14	1. DECEDENT'S NAME (First, Middle, Last)		N B. RUI		2. DATE OF DEATH MONTH DAY OCTOBER 27, 1	C O 1	3. TIME OF DEATH 8:37 A: M	
	4. SOCIAL SECURITY NUMBER 214-06-2770	5. SEX 6. AGE (In yrs. last	yrs. Wonth	DER 1 YEAR IF UNDER 24 HRS.		A BIRTHS	PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give s UNI RESIDENCE OF DECEDENT	98. FACILITY NAME (If not institution, give street and number) UNIVERSITY OF MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF OEATH						
DIRECTOR	100. STATE 100. COUNTY MARYLAND HOWA		10c. CITY, TOWN	OR LOCATION CL.	ARKSVILLE	10d. INSIDE CITY LIMITS?		
COMPLETED BY FUNERAL	100. STREET AND NUMBER 11921 MEADOW VI			10f. ZIP CODE 21029		10g. CITIZEN OF WH		
	11. MARITAL STATUS 1 Never Merried 2 Narried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2	NO	3. WAS DECENDENT OF HISP If yee, specify Cuben, Mexi 1 YES A NO Specify	ANIC ORIGIN? (Specify Yee or No- cen, Puerto Ricen, etc.) offy:	14. RACE Black, Specify WHI		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) PHYSICIAN HEALTH CARE							
BE CON	17. FATHER'S NAME (First, Middle, Last) JUAN B. RUIZ SR. 18. MOTHER'S NAME (First, Middle, Meiden Surname) TERESA BAYTAN							
2	JOSE RUIZ (S	ON) 1	11921 ME	ADOW VISTA W	AY, CLARKSVILLE	, MARYI		
	1 Sharter 2 Cremation 3 Remi	COLUM	TB'T'A' "MEM		DATE 20c. LOCATION COLUMB	IA, MAF	RYLAND	
	LERÖY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045							
	23. PART I. Enter the diseases, or c shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CAR DA A	c A	RREST			Approximata Intervel Batween Onset and Death	
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ASPIRATION PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): BRONCHITIS DUE TO (OR AS A CONSEQUENCE OF): BRONCHITIS							
	PART II. Other significant condition ACUTE A TINTRA-CE	a contributing to deeth but not in OS - OLIGN RESECLAT	RIC	RENAL F	ALLE PERFORMED?		WERE AUTOPSY FINDINGS AMAL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO							
р ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide a Could not be	Pending Investigation 26e. PLACE OF INJURY At home, term, street, factory, office 26e. PLACE OF INJURY At home, term, street, factory, office 26e. PLACE OF INJURY At home, term, street, factory, office 26f. LOCATION (Street and Number or Bural Route Number)						
building, stc. (Specify) 4 Homicide HOME Later and Number of Auran City or Town, State) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner ea stated.								
E COM	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, desth occured at the time, data and place, and due to the ceuse(e) end menner se stated.							
TO 8E	Without South Will Dec LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	UMMS - M. (G 31. DATE FILED (Month, Day, Year)			iTICAL (CARE, ZZ.	So. G	MI) 212	
	OCT 29 1991	file teiden forthe	R.		B	ALT	mes) 2126	

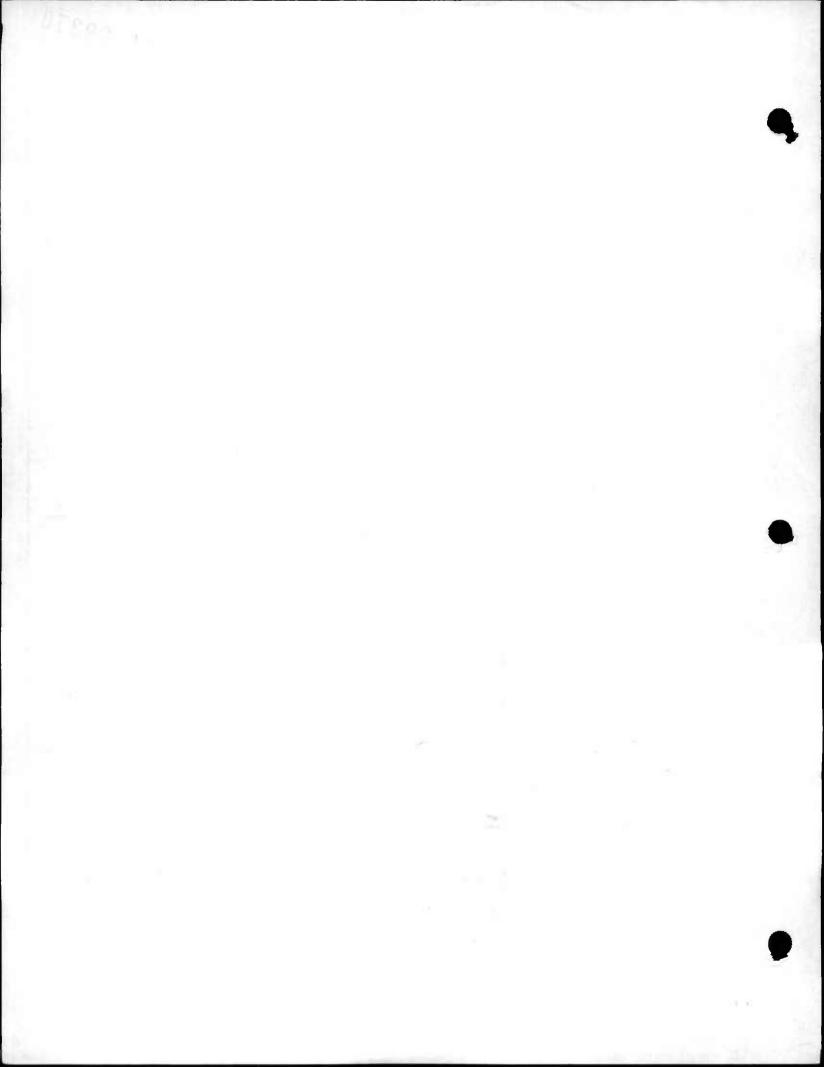
time of the

11 29 25 July Jackson March

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	iges 1, 2, 3 shoul		
physician.	burial-transit permit. F		
e hospital or attending	etached for use as the		nce.
may be retained by the	tor, page 5 should be d		ust be notified at o
PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician,	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul	or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e executed within 24 no	an and completely filled	with the State Dept. of Health and Media Higher Prior to bunal, cremation, or removal,	umatic event, the n
t the death certificate b	by the attending physici	nd Mestal Hyglene prio	injury, or other tra
V: The law requires that	icate has been signed t	State Dept. of Health a	item 23 shows any
ATTENDING PHYSICIAL	ECTOR: After this certiff	s after death with the	28 is marked, or
TO THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR: After 1	be filed within 72 hours after death w	IMPORTANT: If item 28 is mar!

				F DEATH	MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La.					2. DATE O	DAY	YEAR	3. TIME OF DEATH	
LAMBERT MA 4. SOCIAL SECURITY NUMBER		.			10	25 91	Lagran		
	1 G M 2 F	E (In yrs. last birthday) O /. YRS.	MONTHS DAY			Day, Year)	Count	**	
218-05-5707 9e. FACILITY NAME (If not institution, gh	Λ	84 YHS.	9h CITY TOY	AN OB LOCATION OF D	10 EATH	16 07		W YORK	
UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT									
10e. STATE 10b. COU	NTY	10c, Cr	TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
MARYLAND			BALTIMORE					1 XYES 2 NO	
6. STREET AND NUMBER			10f. ZIP CODE			10g. 0	CITIZEN OF	WHAT COUNTRY?	
1209 WEST 4	1209 WEST 41ST STREET STATUS 12. WAS DECEDENT EVER IN U.S. AF		21211			WO 00101112 (514- V11-		USA 14. RACE — American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	ed 2 Married FORCES? 1 YES 2 TN								
15. DECEDENT'S E (Specify only highest gr		16a, DECEDENT'S	S USUAL OCCUP	ATION most of working	16b.	KIND OF BUSINESS	INDUSTRY	***************************************	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT	use retired.)	, most of working					
UNKNOWN		RETIF	RED			AUTO SAL	ES		
17. FATHER'S NAME (First, Middle, Last)					, , ,	ddle, Maiden Surnam	e)		
	RANCIS RIELY					BIGGS			
19a. INFORMANT'S NAME (Type/Print)	,			eet and Number or Rural				211	
GERTRUDE RIELY 200. METHOD OF DISPOSITION	T	20b. PLACE AND DA		41ST STRI		ALTO., M			
1 X Burial 2 Cremation 3 🗆 R	emovat from Stata	of cametary cremator	y or other place.						
4 Donation 5 Other (Specify)	10000	ST. MARY		TERY 10		I BALTIM	ORE,	MARYLAND	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	10	22. NAM	ALAN SEIT	ACILITY F <i>7.</i> .TR	. FIINERA	I. HOM	E	
· a au	un Deir	SA		18 ROLAND	-				
23. PART I. Enter the diseases,	or complications that cau	and the death Do						Approximate	
disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	bDUE TO (OR A	S A CONSEQUENCE	OF):						
resulting in deeth) LAST	d.								
DART II Other significant and	Atmos amendibuston an deca				I				
Strukes	tions contributing to dest	n but not resulting	in the under	lying ceuse given in	Pert I.	24a. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU	
1/10pes						1 TYES 21 THO		OF DEATH?	
					_			1 TES 2 PLNO	
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C	heck only one)			
1 TYES OF NO	1 Inpetient 2 ER/C			Home 5 - Residence	_				
27. MANNER OF DEATH 1 Dinatural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea		YAUURY	WORK?	28d. DE\$	CRIBE HOW INJURY	OCCURED		
2 Accident Investigation	2770	M 1 YES 2 N							
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At building, stc. (Specify)			nome, farm, street, factory, offica			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
Torreor orny	HYSICIAN: To the best of my kinner: On the bests of aximin							(a) and mettner as stat	
2 MEDICAL EXAM									
20b. SIGNATURE AND TITLE OF CERT	IEJE9	1		29c. LICENSE N	JMBER	29d.	DATE SIGNE	D (Month, Day, Year)	
2 MEDICAL EXAM	2 ran	A		The second second second second		29d.			
296. SIGNATURE AND TITLE OF CERT 30. NAME AND ADDRESS OF PERSON	who completed cause of	DEATH (ITEM 27) (7)	oe, Print) MORE	D230	076	•	DATE SIGNE		
296. SIGNATURE AND TITLE OF CERT 30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	, Balti	oe, Print) MOPE,	The second second second second	076	•			



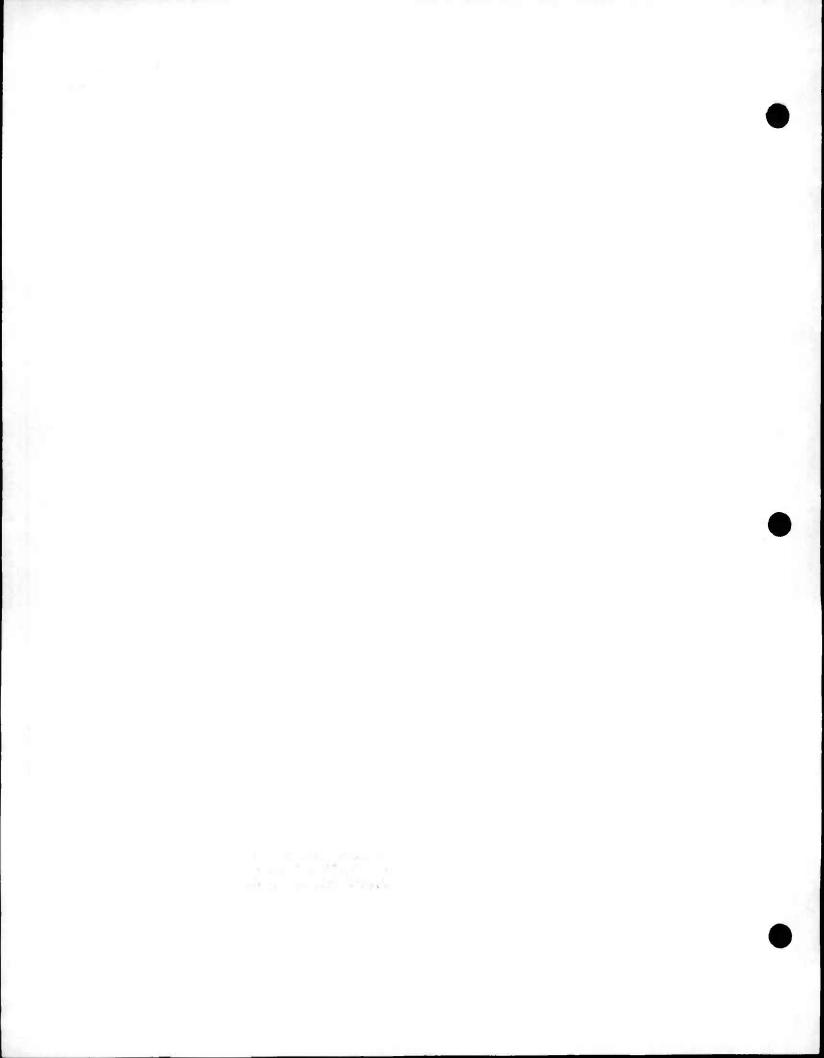
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Gladys	s C. S	nyder			2. DATE OF DEATH MONTH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213 30 5792 1 □ M 2 🛣	6. AGE (In yrs.	-	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/6/1912	0.	BIRTNPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel General RESIDENCE OF DECEDENT				b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN				
DIRECTOR	Maryland Anne Arund	el		ry, тоwn он Location				10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO	
FUNERAL	188 Eleventh Street			101	21122		U.S.	OF WHAT COUNTRY?	
BY	1 Never Merried 2 Merried FORCES?	ENT EVER IN U.S., 1 YES 2 LE E WAR OR DATES	ARMED	RMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Flamentary/Secondary (0-12) 7th Grade College (1-4 or	5+)	DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEWi	SUAL OCCUPATION with done during most of working reitred.) 16b. KIND OF BUSING HOME Ma					
BE COA	17. FATHER'S NAME (First, Middle, Last) Ferdinard Breitenl				18. MOTHER'S NA	AME (First, Middle, Maider de Bailey			
TO B	19a. INFORMANT'S NAME (Type/Print) Oliver Snyder III				nd Number or Rural Street	Route Number, City or Ton Pasade		on ryland 21122	
	20a. METHOD OF DISPOSITION 1 → Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	CE AND DATE OF DISPOSITION (Name of crematory or other place)			DATE 20c. LC	OCATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Daire	> Tar	Georg	e J. Go	nce Funera Hwy. Balt	1 Home	P.A.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONS	EQUENCE OF):	me	hade	home	lmj	Interval Batween Onset and Death	
: MEDICAL	PART II. Other significent conditions contributing	to death but not	resulting In	the underlying	ceuee given in	Pert I, 24a. WAS AMPERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Institute	☐ ER/Outpetlant		THER:	ACE OF DEATH (Ch				
ву РНУ	27, MANNER OF DEATH 28a. DATE		28b. TIME (OF 26c. INJU	JRY AT	8 Other (Specify) 26d. DESCRIBE NOW	NJURY OCCUR	ED	
- 1	3 Suicide 26a. PLACE	OF INJURY At I g, atc. (Specify)	nome, term, stre	et, factory, office		281. LOCATION (Street City or Town, State)	and Number or R	lural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of MEDICAL EXAMINER: On the beats of							use(a) and manner sa stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	7		RICHARD 500 RIDG	ELV AVEN	MACO.		GNED (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year) 32. REGISTI	RAR'S SIGNATURE	- Rod	02.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

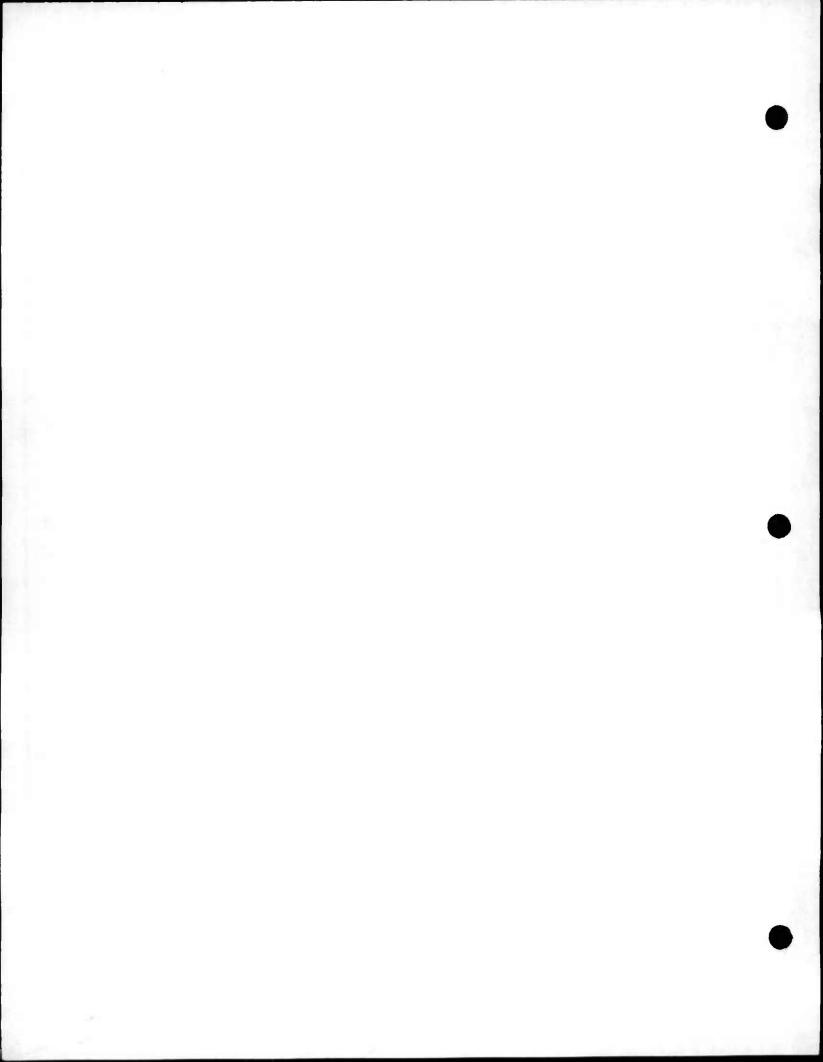
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN. The faw requires that the death certificate be executed within 24 kg
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DIVISION OF	PHYSIC
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMEN'	T OF H	DEA'	AND I	MENTAL HYGIEI		29	380
-	1. DECEDENT'S NAME (First, Middle, Last)		t Willia						2. DATE OF DEATH MONTH	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 09 1588	5. SEX	8. AGE (In yrs. Is	yrs. lisst birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF I			7. DATE OF BIRTH (Month, Day, Year)		Country)	NCE (State or Foreign		
OR	ss. FACILITY NAME (If not institution, give 402 Orchard Av					, TOWN C	or Locati	ON OF DE	12/3/190 EATH	9c. COUN	TY OF OEAT	yland H rundel
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNT Maryland Ant	ne Arunde	1		y, TOWN O		ION					d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 402 Orchard Ave	enue					ZIP COD					YES 2 1 NO
R	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 NEVER IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify:					American Indian, hits, stc.		
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th Grade 18e. DECEDENT'S (Give kind of wild life. Do NOT use Mechan)				USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY se retired.)							
	17. FATHER'S NAME (First, Middle, Last) Fred Swift						18, MOT	Jenn	ME (First, Middle, Maider		Lansi	=1
IO BE	19s. INFORMANT'S NAME (Type/Print) 19s. MAILING A						(Street and Number or Rural Route Number, City or Town, State, Zip Code) K Hill Road Pasadena, Maryland 21122					
	20a. METHOD OF DISPOSITION 1 Structure Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE cometary, cre Glen	AND DATE O	OF DISPOS	ITION (Na	ma of			CATION - C	Ity or Town,	State
 	21. SIGNATURE OF FUNERAL SERVICE LI			1,	22. G	HOTO	p Addres	GON	nce Funera Hwy. Balt	1 Home	P.A	
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory strest, ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							Approximate intervel Between Onset and Deat				
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given					iven in F	Pert i. 24s. WAS AN PERFOR	MED?	AVA COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 V YES 2 \(\subseteq \text{NO} \)	HOSPITAL:			OTHER	i:	21	ATH (Chec	ck only one)			
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF (Month, De	INJURY	28b. TIME	4 Nurs	28c. INJL WOF	IRY AT		B Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, strest, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, strest, factory, office City or Town, State)						Number,					
	2 MEDICAL EXAMINE	R: On the besis of ex	my knowledgs, ds	ath occurre	d at the Hi	me, dats :	and place,	and due to	to the cause(s) and man	ner es atsted	i, ceuse(s) end	manner as stated.
	30. NAME AND ADDRESS OF PERSON WH	DMD	E OE DEATH (ITEA	Dep	ute	1	De LICE	NSE NUME	DER 054	29d. DATE :	O/2	sth, Day, Year)
	William 31. DATE FILED (Month, Day 16 2	. Jow	ES M June Seu	10		D,	01	Be	199		20	761

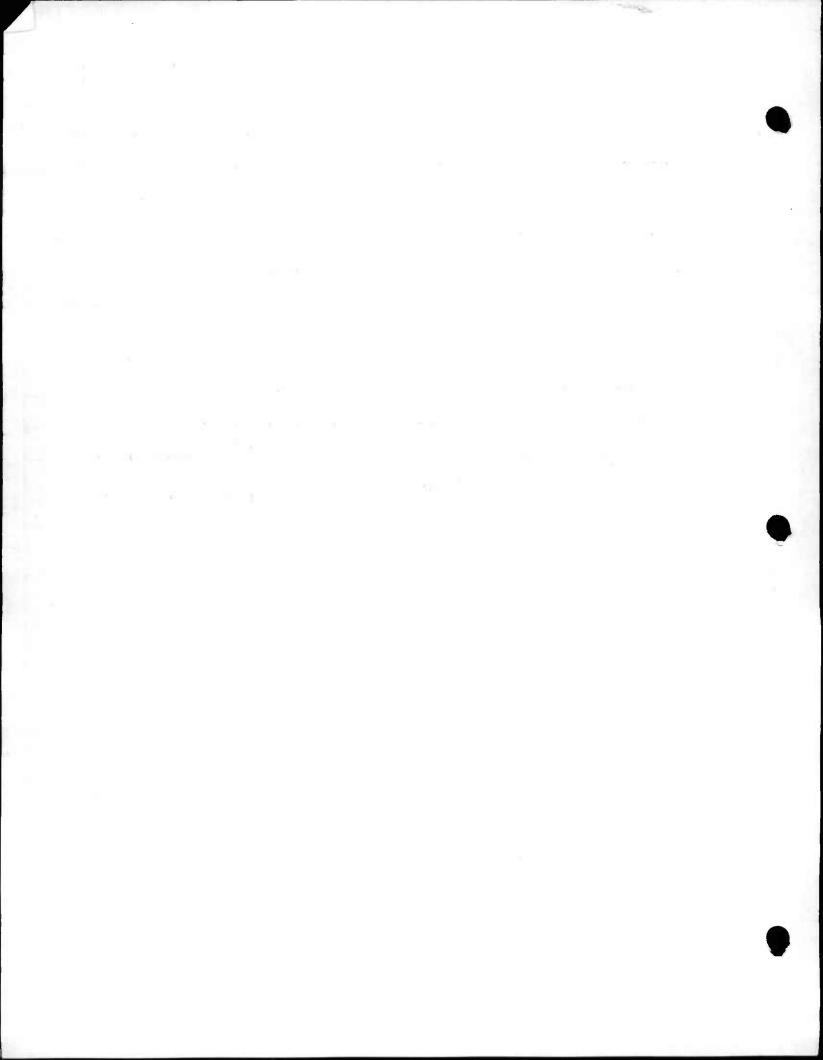


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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FOR STATE REGISTRAR 1 -

1	1. DECEDENT'S NAME (First, Middle, Las	•				2. DATE OF OEATH	AY YEAR	3. TIME OF DEATH	
	Alma F. Spenc	-				10 21		1:30 A M	
	4. SOCIAL SECURITY NUMBER 214-40-5294	5. SEX	6. AGE (In yrs. lest birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour		
	9a. FACILITY NAME (If not institution, give		00	96. CITY, TOWN	OR LOCATION OF DE	9/24/05	9c. COUNTY OF	aryland	
DIRECTOR	322 Gun Road						Baltimore		
Œ	10a. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOCA	TION	-		10d. INSIDE CITY	
L DIF	Md. Baltimore					LIMITS?			
FUNERAL	101. ZIP CODE 10g. CITIZEN OF WHA						WHAT COUNTRY?		
Ä	322 Gun Road	I Propose a construir			21227		US	5.A	
BY FU	1 Never Merried 2 Married	EVER IN U.S. ARMEO YES 2 NO AR OR DATES	If yes, sp	CENDENT OF HISPAN ecify Cuban, Mexicar 2 DNO Specify		CE — American Indian, ck, White, atc.			
	3 Wildowed 4 Divorced 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION				44	white			
E	(Specify only highest gra	de completed) College (1-4 or 5+)	(Give kind of	work done during me	ost of working	16b. KIND OF BUS	SINESS/INDUSTRY		
COMPLETED	4 Teacher					Baltin	ore City	r	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)		
BE	William H.	Spencer			Harrie				
2	19s. INFORMANT'S NAME (Type/Print) Bessie Fisher 322 Cun Road B								
	20a. METHOD OF DISPOSITION		20b. PLACEAND DATE		Balto.,		CATION — City or T	CS-0-16	
	T Buriat 2 Cremation 3 Ra	moval from Stata	cemetery, crematory or o			DATE 20c. LO	timone	own, State	
-	21. SIGNATURE OF PUMERIAL SERVICE	LICENSEE 1	Loudon	22, NAME A	ND ADDRESS OF FAC	ALC: I		Ma.	
	· Lary	L. Ka	ufman			man Funera Elkridg		21227	
	23. PART I. Enter the diseases, or	complicatione that	ceused the deeth. Do	not enter the mo	de of dying, such	as cardled or reepi	retory srrest,	Approximete	
	shock, or heart fallure	s. Liet only one ceus	e on eech line.					Interval Between Onset end Death	
	disease or condition resulting in death) **Acute myocardial infarction 2 hours								
Ì	DUE TO (OR AS A CONSEQUENCE OF):								
NO N	Sequentially list conditions, Severe COPD with Cor Pulmonale								
Ä	tif any, leading to immediate crucking the course of the c								
띮	CAUSE (Disesse or injury thet initieted events	DUE TO (DR AS A CONSEQUENCE OF	F):					
CERTIFICATION	resulting in desth) LAST	d							
	PART ii. Other eignificant condition	ons contributing to d	leeth but not recuiting	In the underlyin	ceuee given in F	Pert I, 24e, WAS AN	AUTOPSV 244	. WERE AUTOPSY FINDINGS	
MEDICAL				,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
				-		1 [] YES 2	M NO	OF DEATH?	
						-		1 TYES 2 NO	
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PI	ACE OF DEATH (Che	ck only one)			
Š	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	e 5 🗆 Residence S	3 ☐ Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF II (Month, Day		URY WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURED		
à	2 Accident Investigation	28 - DI ACE OF	INJURY — At home, farm,		ES 2 NO	and a control of			
COMPLETED	3 Suicide S Could not be detarmined	building, a	tc. (Specify)	meet, factory, offic		281. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,	
וה	29a. CERTIFIER (Check only	SICIAN: To the best of n	ny knowledge, death occurr	ed at the time, date	end place, and due t	to the cause(a) and man	ner en eteted		
S I	one) 2 MEDICAL EXAMIN	IER: On the beels of exa	mination end/or investigation	n, in my opinion, d	eath occured at the t	ime, data and place, and	I due to the cause(a) end menner as stated,	
w II	296. SIGNATURE AND TIFLE OF CENTIFE	EN A AND	5		29c, LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)	
9 P	WK mely	to, oh you	K		D01474		> 10	0/25/91	
-	38. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)					
	Wilmer K. Gallag		1.D. 3455 W	ilkens l	ve. Balt	o MD 21229			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		X					
	00163	1541	a Lavimon Ran	d.00					



Page 6 may be retained by the hospital or attending physician MARYLAND 21215-0020 BALTIMORE,

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RECORDS, P.O. BOX 68760, DIVISION OF VITAL

funeral director, urs after death. #e filled in by and completely filled burial, cremation, executed within 2 the attending physician Mental Hygiene prior to death certificate be signed by t Health and requires that s certificate has been si th the State Dept. of He Id, or Item 23 show HOSPITAL OR ATTENDING PHYSICIAN: The law this c After 1 death DIRECTOR: A hours after of item 28 is FUNERAL WITHIN 72 H TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

91-6163-510 Items: 20b,c per F.H.
FOR
STATE G-680 10/31/9STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

CERTIFICATE OF DEATH CERTIFICATE OF DEATH (Sprull) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Gloria 18 1991 11:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1 - 5 - 1953 IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 238-90-3022 1 M 2 F HOURS 38 YRS. N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shock Trauma Center Baltimore 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N.J. Burlington County 1 TES 2 NO BY FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 45 Wood Street 08016 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Specify: Black 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Sprul1 Hazel Mitchell BE ton. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hazel Sprull 445 Aveon Avenue Newark, N. J. 20a/METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Statons DATE 20c. LOCATION Bloom Teld Clarate Cemetery 4 Donation 5 Other (Specify) 103091 N.C 21. SIGNATURE OF JUNERAL SERVICE LICENSEE March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Batween IMMEDIATE CAUSE (Finel **Onaat and Death** disease or condition HEAD INJURIES reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1X YES 2 □ NO tlant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending Passenger involved in motorcycle accident
281. LOCATION (Street and Number or Plural Route Number, City or Town, State) 1 YES 2 NO 4:45P M BY 05 1991 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide on street I-95 (N)-(S) of Mountain Ro t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER MD BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 C.M.E 19 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MO DCME 31. DATE FILED (MONTH COLUMN 1) 31 Penn Street, Baltimore Maryland

32. REGISTRAR'S SIGNATURE

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	page		m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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91 29383 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Bernard Conrad Shinnick 12:01 A. 10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) AA 8 217-22-6390 Md 9e. FACILITY NAME (If not institution, give street end nu 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 709 South Eaton Street DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Md. Baltimore 1 KYES 2 NO BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 709 S. Eaton Street 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? TO YES 2
IF YES, GIVE WAR OR OATES
1945-1947 1 Never Merried 2 Merried 1 TES 2 NO Specify: Spocity: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Fire Fighter Baltimore (ity 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Su. Andrew Shinnick Cecilia Mathias BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shinnick= Anna M. Eaton St. Balto., Md. 21224 20e. METNOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 1 Buriet 2 Cremation 3 Ren
4 Donation 5 Other (Specify) acred Hear t of Jesus (em 10-31-91
22. NAME AND ADDRESS OF FACILITY Dundalk, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Eastern Ave. 23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 1 NO 1 Inpatient 2 ER/Outpatient 3 DOA forces ng Nome 5 Residence 6 Offier (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee ateled. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. 296. SIGNATURE AND TITLE, OF CENTIFIE BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)

21224

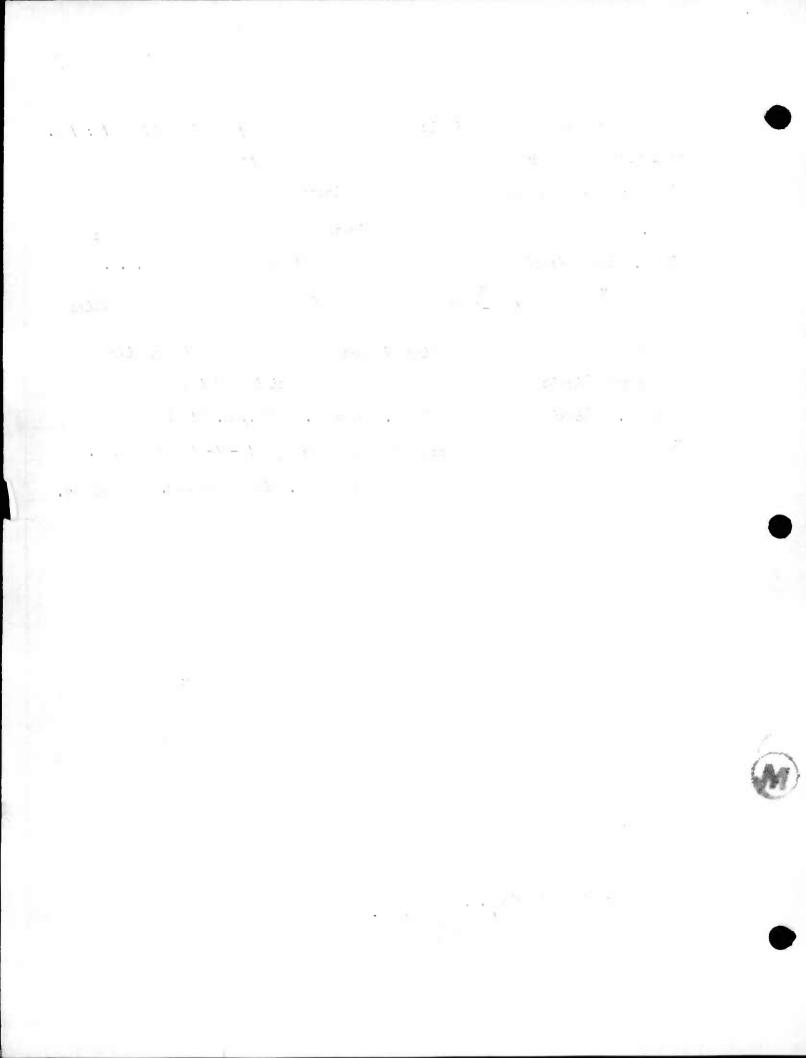
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30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

703 S. Clinton Street, Baltimore, Md.

39. REGISTBAR'S SIGH ---

Ticha Davidson



DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be
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1. DECEDENT'S NAME (First, Middle, Last)									
	EILEEN ZIE	CET SILI	PEDMANI	AT			3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	street and number)	- 66	96. CITY, TOWN	OR LOCATION OF D	IAUG. 11,1				
3405 GREENWAY APT. 303 BALTIMORE, CITY									
MD .	ſΥ	10c. CITY			CITY		10d. INSIDE CITY LIMITS? 1XXYES 2 NO		
106. STREET AND NUMBER 106. STREET AND NUMBER 107. CIP CODE 109. CITIZEN OF WHAT COUNTRY?									
11. MARITAL STATUS			13. WAS DEC				S.A.		
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 _ YES	DATES NO	II yea, ap	cify Cuban, Maxica 2 NO Specifi	in, Puerto Rican, atc.)		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
(Specify only highest grade	de completed)	(Give kind of wo	ork done during mo.		16b. KIND OF BUS	SINESS/INDUST			
Elementary/Secondary (0-12)	College (1-4 or 5+)				EDUC	CATION	(COLLEGE)		
17. FATHER'S NAME (First, Middle, Last)									
CONARD ZIEGE'S 19a. INFORMANT'S NAME (Type/Print)	7,	19h, MAILING	ADDRESS (Street)						
	RMANN	3405	GREENW	IAY. BAJ	LTIMORE, M	n, State, Zip God 1D • 21	218		
20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of camelety, crematory or other place) DATE 20c. LOCATION — City or Town, State									
	ICENSEE W	ODLAWN			CILITY		MD. 21207		
+William 1	4905 YORK ROAD 21212								
23. PART i. Enter the diseases, or	complications that cause	ad the death. Do no	HENK of anter the mo	Y W. Jr	ENKINS AN	ID SON	S.BALTO, MD.		
Interval Between									
DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE DE)									
resulting in death) LAST									
PART II. Other algolificant condition	na contributing to dasth	but not resulting in	tha underlying	causa given in	Part I 24a WMS AN	AUTODEY	24b. WERE AUTOPSY FINDINGS		
					PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
							1 TYES 2 THO		
25. WAS CASE REFERRED TO MEDICAL	Т								
EXAMINER?	HOSPITAL:		OTHER:						
27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME (OF 28c. INJU	URY AT		JURY OCCURE	D		
2 Accident Investigation	10.00		M 1 🗌 YI	ES 2 NO					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Sper	— At home, farm, stre	sat, factory, offica		28I. LOCATION (Street at City or Town, State)	nd Number or Ru	rel Route Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know :R: On the basis of examination	riedge, death occurred on and/or investigation,	at the time, date :	and place, and due (to the cause(a) and mani	ner as stated.	se(a) and manner as stated.		
				29c. LICENSE NUM	BER	29d. DATE SIGI	NED (Month, Day, Year)		
	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)				.25,1991		
DAVIS M. H 31. DATE FILED (Month, Day, Year)	IAHN 32. REGISTRAR'S SIGN.	560	01 LOC!	H RAVEN	BLVD. B	ALTIM	ORE, MD.		
	3405 GREENWAY PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD. 10c. STREET AND NUMBER 3405 GREENWAY 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 1 Divorced 1 Decedent's Educing Profession of Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) CONARD ZIEGET 19a. INFORMANT'S NAME (Type/Print) ANNE V. SILBER 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT STATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Neture 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC CHeck only 2 MEDICAL EXAMINE) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	98. FACILITY NAME (If not institution, give street and number) 3 4 0 5 GREENWAY APT. 30. PRESIDENCE OF DECEDENT 108. STREET AND NUMBER 3 4 0 5 GREENWAY APT. 30.3 11. MARITAL STATUS 1	9e. FACILITY NAME (If not institution, pive street and number) 3405 GREENWAY APT. 303 PRESIDENCE OF DECEDENT 10e. COUNTY MD. 10e. STREET AND NUMBER 3405 GREENWAY APT. 303 11. MARITAL STATUS 10e. COUNTY MD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN IS. ARMED PONCEST 1 VES 21 NO IF VES, GIVE WAR OR DATES 13. DECEDENT'S EDUCATION (Specify only highest grade completed) 14. Decedent (Piper, Middle, Last) CONARD ZIEGET 19e. INFORMANT'S NAME (Piper, Middle, Last) CONARD ZIEGET 19e. METORIANT'S NAME (Piper, Middle, Last) CONARD ZIEGET 19e. METORIANT'S NAME (Piper, Middle, Last) 20e. METHOD OF DISPOSITION TIS Burled to Subseled the death. Do no shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions, if any, Lasding to immediate cause. Enter UNDERLYNIA CAUSE (Pinal disease or condition resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINERY: LEXAMINERY: 1 Orthor algnificant conditions, if any, Lasding to immediate cause. Enter UNDERLYNIA CAUSE (Pinal disease or conditions) and the conditions of the c	29. RECITY MARKE (IT DE INSTITUTION OF STRONG AND AND AND AND AND AND AND AND AND AND	2. PART II. Other algorificant conditions, and contributing to death but not resulting in death) 2. PART II. Colter in diseases, or complications that caused the daeth. Do not antar the mode of dying, such that in death) 2. PART II. Colter in diseases, or complications that caused the daeth. Do not antar the mode of dying, such shock, or heart failure. List only one cause on sech line. 2. PART II. Other algorificant conditions, and contributing to death but not resulting in that underlying cause given in least of parameters or producing in death) 2. WAS DECENTION. 3. PART II. Other algorificant conditions contributing to death but not resulting in that underlying cause given in least of parameters or producing in death). LST in the beat of my knowledge, death occurred at the line, date and piace, and due condition, in my opinion, death occurred in the beat of my knowledge, death occurred in the line, date and piace, and due condition, and the beat of my knowledge, death occurred in the line, date and piace, and due condition, and the beat of my knowledge, death occurred in the line, date and piace, and due condition, and the beat of my knowledge, death occurred in the line, date and piace, and due condition, and the beat of my knowledge, death occurred in the line, date and piace, and due condition, and the beat of my knowledge, death occurred at the line, date and piace, and due condition, and piace and piace, and due condition, and piace and piace, and due condition, and piace and piace, and due condition, and piace and piace, and due condition, and piace and piace and piace, and due condition and piace and piace and piace, and due condition and piace and piace and piace and due condition. The beat of my knowledge, death occurred at the line, date and piace, and due condition and piace and piace and due condition and piace and piace and due condition. The piace are piace and piace and due condition and piace and piace and due conditions. The piace of piace and piace and piace and due conditions and piace	AUG. 11. 2. REACHTY MADE FOR IDENTIFY PROPERTY APT. 303 B. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY WE BICENCE OF DECEDENTY WE BICENCE OF DECEDENTY INC. COUNTY MD. SO. STREET AND HUMBER 3.405 GREENWAY APT. 303 BLITIMORE, CITY WE BICENCE OF DECEDENTY INC. CONTY MD. SO. STREET AND HUMBER 3.405 GREENWAY APT. 303 II. MARTAL STATUS II. MARTAL STATUS II. MARTAL STATUS II. MARTAL STATUS III. MARTAL MARTAL STATUS III. MARTAL MARTAL STATUS III. MARTAL MARTAL STATUS III. MARTAL MARTAL MARTAL STATUS III. MARTAL	AUG. 11.1924 M. AUG. GREENWAY APT. 303 BALTIMORE, CITY		

BOT COURSE SULLEMENT

משלים שלים ליום היום היום היום היום היום היום היום ה	after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached	moval.	ical examiner must be notified at once.	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defrached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	- 600		2. DATE	OF DEATH	YEAR	3. TIME OF DEATH	
	GERTRUDE ANNU		NCER	10	26	91	1 P H	
		0	F UNDER 1 YEAR # UNDER 24 HP	. (Month	OF BIRTH , Day, Year)	Count	HPLACE (State or Foreign	
	L_Z1/=30=0049			1-	16-184	2 Cha	rles Co., Md	
DIRECTOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 87. COUNTY OF DEATH 89. COUNTY OF DEATH 89. COUNTY OF DEATH 89. COUNTY OF DEATH 89. COUNTY OF DEATH 89. COUNTY OF DEATH							
입	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY	TOWN OR LOCATION					
	MX PRINCE GEORGE	RENTWOOD			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4508 BANNER STREE	5	101. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.		13. WAS DECENDENT OF HIS	SPANIC ORIGIN	(Specify Yea or No	0- 14. RAC	E - American Indien,	
ВҰ	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATE	z <u>-</u> no	If yes, specify Cuban, Me	xicen, Puerto R pecify:	icen, etc.)	Spec	k, White, etc.	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Be. DECEDENT'S US	UAL OCCUPATION	16b.	KIND OF BUSINES	S/INDUSTRY	Jenez	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade None	life. Do NOT use n	k done during most of working stired.)					
No.	17. FATHER'S NAME (First, Middle, Last)							
BE C	George Green		Madge	eline S	hort	me)		
70	198. INFORMANT'S NAME (Type/Print) Arthur J Dock	19b. MAILING AE 4033 W	poress (Street and Number or Rulebster St, No	orth Br	or City or Town, State entwood	Md 2	0722	
	1 ← Buriel 2 □ Cremetion 3 □ Removal from Stata Remote	ACEANDDATE OF I	DISPOSITION (Name of place)	10/30/	9 L Wa	N — City or To	own, Stata ton, DC	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIDENSEE	011100			7 "	isning	ton, be	
	- Hagel Plummer	/	22. NAME AND ADDRESS OF	Joh	n T Rhir		., Inc	
7	23. PART I. Enter the diseases, or complications that caused the	e deeth. Do not	3015 12th	uch as cardi	ec or respiretor	/ Arrest.	Approximate	
	shock, or heert fellure. Liet only one ceuse on each IMMEDIATE CAUSE (Finel	line.			NA LANGESTING	L. Control	Interval Between Onset and Deeth	
	and the state of t	ARRA.	- Pania					
	DUE TO (OR AS A CO	INSEQUENCE OF):			1		4777570	
Z	Sequentially list conditions, a. Holiac Apply yith mile DUE TO (OR AS A CONSCOUENCE OF): Sequentially list conditions, b. Ar Texas y clerotic Carchovascular disease Year J							
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING	INSEQUENCE OF):						
E I	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CO	INSEQUENCE OF						
E	resulting in deeth) LAST							
	DART II ON A LAND						_	
EDICAL	PART II. Other significant conditions contributing to death but of	not resulting in t	he underlying cause given	In Part I.	24a. WAS AN AUTOF PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă					1 - YES 2 1 NO	5	COMPLETION OF CAUSE OF DEATH?	
Σ							1 YES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: M	EXAMINER? HOSPITAL:		26. PLACE OF DEATH					
¥	1 № YES 2 NO 1 Inpetient 2 ER/Outpetie 27. MANNER OF DEATH 28s. DATE OF INJURY	nt 3 DOA 4 DOA 4	Nursing Home 5 N Resident					
	1 Natural 5 Pending (Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	28d. DESC	RIBE HOW INJURY	OCCURED		
BÁ	3 Suicide 25e. PLACE OF INJURY —	At home, term, atree		20f LOCAT	ION (Street and No.			
COMPLETED	4 Homicide detarmined building, atc. (Specify)			City or	TION (Street and Nur Town, State)	TION OF HUNEI H	ioute Number,	
2	29a. CERTIFIER (Check only open only open only open only open open open open open open open open	a, death occurred a	t the time, date and place, and o	due to the cause	e(a) and manner as	stated.		
S I	MEDICAL EXAMINER: On the basis of examination en	d/or investigation, in	n my opinion, death occured at t	the time, data a	nd place, and due	to the ceuse(a) and manner as stated.	
BEO	296. SIGNATURE AND TITLE OF CERTIFIER	it med 1	29¢ LICENSE N				(Month, Day, Year)	
o IL	Sanlas Ouvel my Ex	amines			•	10-2	7-41	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	bury Rd Hy	wiff o	10 000	200	2.	
-	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	RE VERNIS	ryng 174	या छि	JIE / NI	, 40)	5/	
	OCT 29 1991 Fishe Davidson-V							
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DALIMONE, MANIEMEN SIZIS-UOZO	HYSIOAN: The law requires that the death certificate be executed within 24 nouns after death, Page 6 may be retained by the hospital or attending physician.	the function and signed by the attending physician and completely filled in by the function and completely filled in by the function are the burst transfer according to a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second	e prior to bunial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOPPING THE CONTINUE PHYSICAN: The law requires that the death certificate be execu	TO THE FURTHER THE ATTEMPT OF THE CONTINUES HAS been signed by the attending physician and	be filed with the principle of the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT IF HEM 28 is marked, or Item 23 shows any Injury, or other traumatic

	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN		29386	
	1. DECEDENT'S NAME (First, Middle, Last,	,	LEE START			2. DATE OF DEATH BONTH DOCTOBER 2	AV VE	3. TIME OF DEATH 7:25 P. M	
	4. SOCIAL SECURITY NUMBER 212-26-6325	XX M 2 - F	85 vns. (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MARCH 30,	100	IRTHPLACE (State or Foreign ountry) ARYLAND	
TOR	90. FACILITY NAME (If not institution, give LORIEN NURSING I			96. CITY, TOWN C	MBIA	DEATH	9c. COUNTY OF DEATH HOWARD		
DIRECTOR	10e. STATE 10b. COUNT	ALTIMORE		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2XXND	
FUNERAL	1911 LISMORE LAN			101	101. ZIP CODE 21228			DF WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 X Xerried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1XXYE IF YES, GIVE WAR DR	S 2 NO	II yes, spi	3. WAS DECENDENT OF HISPANIC DRIGIN? (Specify II yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 X NO Specify:				
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementery/Secondary (0-12)	UCATION le completed) College (1-4 or 5+) 5+	usual occupation work done during mose retired.) E BANKER	st of working	BANKIN	BUSINESS/INDUSTRY			
BE CO	H. STOCKTON STAF	RTT			ADA SI	AME (First, Middle, Maiden XIRVEN			
5	190. INFORMANT'S NAME (Type/Print) GEORGIANNA STARTT (WIFE) 191. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 1911 LISMORE LANE, CATONSVILLE, MARYLAND 21228							ND 21228	
	20b. PLACE AND DATE OF DISPOSITION 1 (X Burlai 2 Cremation 3 Removel from State 2 Chemical 3 Cremation 5 Chemical 3 Crematical 3 Crematical 3 Cremation 5 Chemical 3 Crematical 3 Crema								
_	23. PART I. Enter the diseases, or shock or heart failure	complications the cause	×e	1630 E	EDMONDSO	N AVENUE, CA	ATONSVI	UNERAL HOMES LLE, MD. 21228	
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. (So	each line.	codwn-	4		ratory srreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (DR AS A CONSEDUENCE DF): c. OUE TO (DR AS A CONSEDUENCE DF):								
PHYSICIAN: MEDICAL	PART ii. Other significant condition	s contributing to death	but not resulting in	n the underlying	cause given tr	Pert i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Ou	ripatient 3 DOA	OTHER:	ACE OF DEATH (C	B Cher (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28c. INJU	JRY AT	28d. DESCRIBE HOW IF	NJURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,						ral Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno ER: Dn the beels of examinati	wiedge, death occurre ion end/or investigation	d at the time, data on, in my opinion, de	and place, end du	to the ceuse(a) and man	ner as stated. d due lo lhe cau	se(s) end menner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	n Miles			29c. LICENSE NU	MBER CYC	29d. DATE SIGN	IED (Mortin, Day, Year)	
	30, NAME AND ADDRESS OF PERSON WH	O Bluf	Conke	Print)	E	Mul Cut	4 101		
	31. DATE FILEO (Month, Day, Year) OCT 2 9 1991	32. REGISTRAR'S SIG	NATURE PARENT		3				

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examiner must be ysician and completely filled in by the prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic importANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic parant.

31. DATE FILEO (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, 2. DATE OF DEATH 3. TIME OF DEATH 1150 PM > (ROSE SCHLAFFER) 10 7. DATE OF BIRTH (Month, Day, Year) 5/16/1905 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-74-2995 1 M 2 X F POLAND 9a. P. C. T. Asitution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LEVINDALE DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO MARYLAND BALTIMORE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP COOE 3615 FORDS LA., APT. 314 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 □ YES 2 M NO Specify: 14. RACE — American Indien, Black, While, atc. FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY ring most of working (Specify only higher COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME 12 HOUSEWIFE 17 FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RESNICK **JACOB** YETTA (UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. SONIA TAYLOR 2 HIGHTSTEPPER CT., APT. 602 BALTIMORE, MD 21208 20e. METHOD OF DISPOSITION
1 XBuriel 2 Cremetion 3 Re 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION — Cily or Town, State CHERNIGOVER 4 Donation 5 Other (Specify) 10/24/91 ROSEDALE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, . INC. 201 6010 REISTERSTOWN RD. BALTO. 21215 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heert fallure. List only one ceuse on each line. interval Betwe Onset and Daeth **IMMEDIATE CAUSE (Final** ≈ 20 disesse or condition resulting in death) erelson va CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 9 91 Ore VIOU 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 inpatient 2 inpatient 3 inpatient 2 inpatient 2 inpatient 3 inpati OTHER 1 TES 2 NO ng Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WA 28d. DESCRIBE HOW INJURY OCCURED NHURY NA 1 Natural 6 Pending M 1 YES 2 NO NA BY 2 Accident Investigat 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle) 3 Suicide 8 Could not be determined COMPLETED y or Town 4 Homicide WA 29e. CERTIFIER

Thank ank

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the b tigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIF 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 3 2 30. NAME AND ADDRESS OF PERSON I

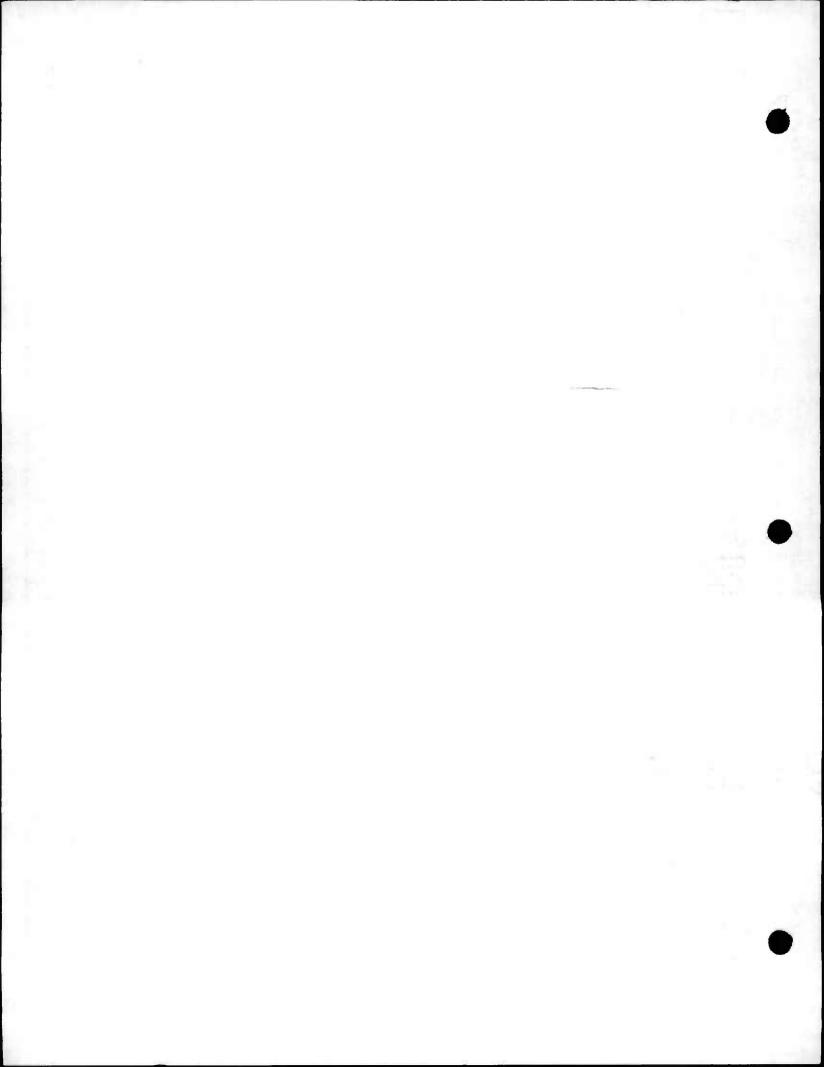
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Wie Tavidson-Randall

32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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IR ATTEN	IRECTOR:	9m 28 i
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	VERAL DI	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	23	≊

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIE				
	0030111	itak Itnov				2. DATE OF DEATH MONTH	-3 4	3. TIME OF DEATH		
8		15 YRS.			IF UNDER 24 HRS. HOURS MIN.	o. Dittill Enot (State of Foreign)				
TOR	9a. FACILITY NAME (If not institution, give atre SINAI HOSPITAL	BALT			PRIOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
FUNERAL DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARY LAND			OWN OR LOCAT				10d, INSIDE CITY LIMITS?		
ERAL	100. STREET AND NUMBER 6307 PARK	APT. T-2 Iteights	AVENU	101	ZIP CODE	Y/J	10g. CITIZEN	1 TYES 2 NO N OF WHAT COUNTRY? USA		
Β¥		12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify)	fes or No.— 14.	RACE American Indian, Black, White, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18 Ompleted) 15 College (1-4 or 5 +)	(Give kind of work Iffe. Do NOT use ref	done during mo:	N st of working	16b. KIND OF B	BH MAT			
BE COM	17. FATHER'S NAME (First, Middle, Last) EHIL SHAKE	NOVSKY			18. MOTHER'S NAI	WE (First, Migdle, Maide NERTH	en Surneme) A KRA	VETSKY		
TO B	196. INFORMANT'S NAME (Type/Print) MRS - IRENE SHAKHNO		19h MAILING ADT	ARK HE	nd Number or Park S.E.	C., APT	own, State, Zip Çd I—2 BA	LTO., MD 21215		
	20. METHOD OF DISPOSITION 1 X Buriel 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)		ACE AND DATE OF DI ry, crematory or other p	olace)		1	OCATION — CITY			
	21. SIGNATURE OF FUNERAL SERVICE LINE	Stillua	v	22. NAME AN	LEVINSO		, INC.			
	23 ART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition recutting in death)	DUE TO (OR AS A CO	ac a	renter the mod	de of dying, auch	en cerdiac or res	piratory arrest	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): S P M I + 2 (1963 1979) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions	contributing to deeth but t	not resulting in th	e underlying	ceuse given in I	Part I. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Che					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJt WOF M 1 7	RY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	2 ^c Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, term, atreet	, tactory, offica		28t. LOCATION (Street City or Town, State	and Number or R	Bural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA	AN: To the best of my knowledg On the basis of examination an	e, death occurred at	the time, data a	and place, and due t	o the cause(s) and mo	enner as atated.	Control		
H	296. SIGNATURE AND TITLE OF CERTIFIER VI HOWG V. T	ruberg.	u.D	The spinion of	29c. LICENSE NUMI			GNED (Months Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	stert	Lough	of scuke	2125	21215		
	31. DATE FILED (Month Day Year)	32. REGISTRAR'S SIGNATUR	ne idan-Janda	60	- Puc	y-une	ur D	-7-13		

Ment of the

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

00:56am

REG. NO.

DAY

24

YEAR

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2. DATE OF OFATH

7. DATE OF BIRTH

MONTH

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STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

5. SEX

6. AGE (In yes

Alvin

4. SOCIAL SECURITY NUMBER

DIVISION OF VITAL

2/3/1900 M 2 DF 91 MARYLAND 212-09-4781 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR BALTIMORE BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND 1 XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21206 use as the burial-transit 4410 FOREST VIEW AVE. USA retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO an, Mexican, Puerto Rican, atc.) 1 Never Married 2 Married 1 YES 2 NO Specify: BΥ SWHITE 3 Wildowed 4 Olvorced 03 15. OECEOENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 18b. KING OF BUSINESS/INDUSTRY (Specify only highest grade comple П filled in by the funeral director, page 5 should be detached for Flementary/Secondary (0-12) College (1-4 or 5+) DRUG STORE MANAGER COMPL 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ਲ ROSE LONDON BENJAMIN SHEFFERMAN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3420 KERRY RD. BALTIMORE, MD 21207 MRS. ALICE LIEBOWITZ ě 96 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, Stata after death. Page 6 may must Burial 2 Cremation

Donetion 5 Other (Spurior HEBREW FRIENDSHIP BALTIMORE, MD examiner 21. SIGNATURE OF FUNDING SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 21215 6010 REISTERSTOWN RD. BALTO., MD the medical 23. PART I. Enter the disasses or complications that ceused the dea shock, or heart feiture. List only one cause on each line. or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata interval Between cremation, or Onset and Death **IMMEDIATE CAUSE (Finel** diseese or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): attending physician and completely in the Hygiene prior to burial, cremation executed within event. wition. traumatic CERTIFICATION Sequentielly list conditions, OUE TOYOR AS A CONSEQUENCE OF: if any, leeding to immediate cause. Enter UNDERLYING requires that the death certificate be DUE TO (OR ASÍA CONSEQUENCE OF): CAUSE (Disease or injury other that initiated events resulting in deeth) LAST 6 Mental signed by the a Health and Men PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF OEATH? 1 YES 2 NO peeu 5 certificate has be the State Dept. PHYSICIAN: ₩, 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem IE HOSPITAL OR ATTENDING PHYSICIAN: The EFUNERAL DIRECTOR: After this certificate of within 72 hours after death with the State NETANT; It Item 28 is marked, or Item EXAMINER? OTHER: 1 YES 2 NO etient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 8 Could not be detarmined 4 Homicide 29s. CERTIFIER

(Chack and) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: It lu 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE C 10/24/91 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) Baltimore County KHALID AL TALIB MD General 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Grie Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

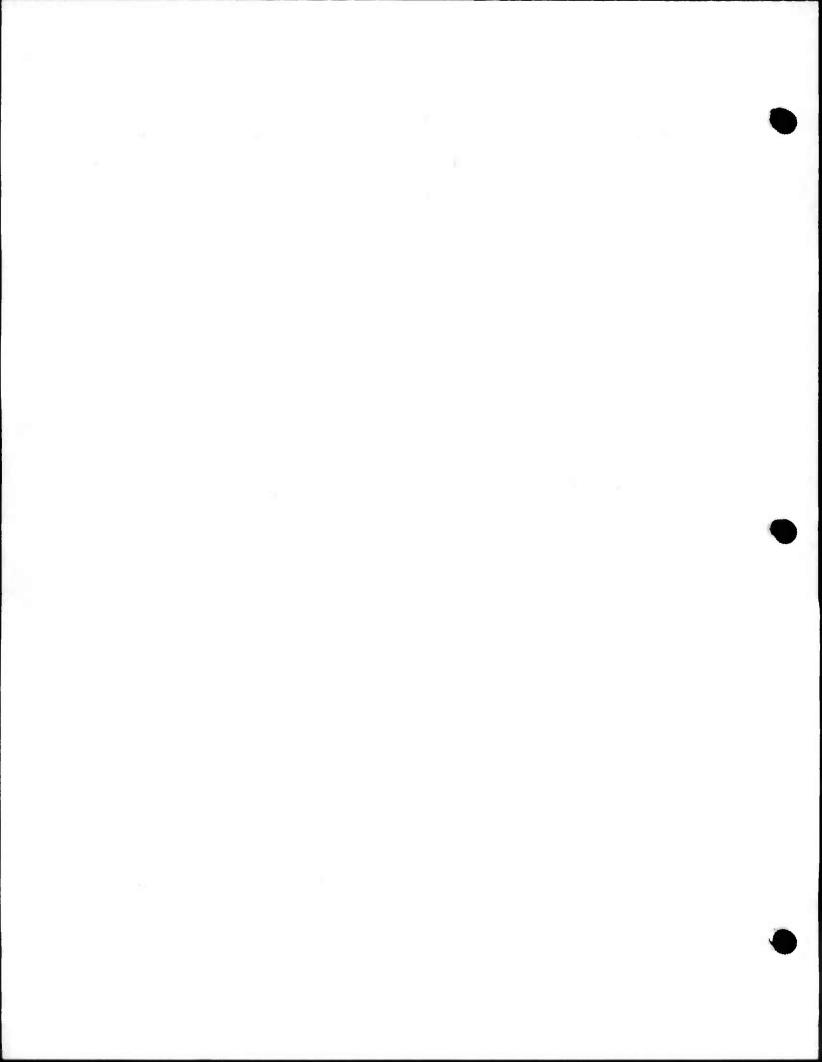
CERTIFICATE OF DEATH

man

IF UNDER 1 YEAR

IF UNDER 24 HRS

DHMH-16 Ray 1/89



permit. Pages 1, 2, 3 should

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

					91	29390	
1 - STATE REGISTRAR	STATE OF MARYLAND / DEP.	ARTMENT OF HEA	LTH AND MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		II TOATE OF D	2. DA	TE OF DEATH		3. TIME OF DEATH	
FloRAL-	Tucker		I F	NTH DAY	Q I	10:32 P W	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthdi	lay) IF UNDER 1 YEAR IF		TE OF BIRTH	8. BIR	THPLACE (State or Foreign	
215-32-0883	1 M 2 M F 7 8 YRS	S. MONTHS DAYS HO	URS MIN.	onth Day, Year)	Cou	ntry) 1/6	
9a. FACILITY NAME (If not institution, give	street and number)	96. CITY, TOWN OR L	OCATION OF DEATH		COUNTY OF	DEATH	
Millorty Medic RESIDENCE OF DECEDENT	inf Certin	Ba Ito					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v 10c.	CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 ND	
10e. STREET AND NUMBER	el vedere Ave- so	+604 101. ZIF	2121S	10	g. CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ASMED	1 -	ENT OF HISPANIC ORI	CIN2 (Specify Ven or	No. I to Bo	CE Amedian Indian	
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR DR DATES	If yes, specify	Cuban, Mexican, Puer	to Rican, etc.)		ock — American Indian, ack, While, etc. ecity: Bladk	
15. DECEDENT'S EDU (Specify only highest grad	e completed) (Give kind	IT'S USUAL OCCUPATION of work done during most of or use retired.)	working	18b. KIND OF BUSINE	SS/INDUSTRY		
15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 6+)	ou tomes,					
17. FATHER'S NAME (First, Middle, Last)	0.	18	MOTHER'S NAME (Fin	st, Middle, Maiden Sun	name)		
taward lu	de		y arias	R Jai	dar		
19a. INFORMANT'S NAME (Typos/Prink)	ucker 401	UNG ADDRESS (Street and N	lumber or Rural Route N	lumber, City of Town, S		21207	
20a. METHOD OF DISPOSITION 1 September 1 Comments 1 Rem 4 Donation 5 Other (Specify)	noval from State 20b. PLACE AND D	DATE OF DISPOSITION (Na	M Ruk VA	ATE 200 AOCAT	ION - City or	Town, State	
21. SIGNATURE OF FUNERAL SERVICE L		22. NAME AND A	DORESS OF FACILITY	1	101		
· Karen Mar	garet Kogen	Mar	ch Fif	HWest 300 U	alas	h Ave	
23. PART I. Enter the disease, of	complications that caused the deeth.	Do not enter the mode	of dying, such es d	erdiec or respiret	ory arrest,	Approximate	
IMMEDIATE CAUSE (Fine)	List only one cause on each line.					Onset and Deat	
disease or condition	CARDIDRE	CPIDATO	RY AD	REST			
resulting in deeth)	a. CARDIDEE, DUE TO (OR AS A CONSEDUENCE	CE DF):	1111				
	METABOL	IC ACI	DACIS				
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEDUENCE	E OF):	0			1	
ceuse. Enter UNDERLYING	. DEHYDRA	ATIDAT					
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENC						
resulting in deeth) LAST	4						
PART II. Other algnificent condition	ne contributing to deeth but not resulti	ing in the underlying co	use given in Part I	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Kencul tailure						
						1 TYES 2 NO	
						•	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 40. PLACE OF DEATH (Check only one)							
1 TYES 2 NO	HOSPITAL: 1 Ninpatient 2 ER/Outpatient 3 D0	OTHER: OA 4 🗆 Nursing Home 5	Residence 8 🗆 C	Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF 28c. INJURY WORKS	DESCRIBE HOW INJU	IRY OCCURED			
1 Netural 6 Pending 2 Accident Investigation		1 YES					
	28e. PLACE OF INJURY — At home, fa building, etc. (Specify)	rm, street, factory, office		LOCATION (Street and	Number or Rur	ral Route Number,	
4 Homicide determined	building, etc. (Specify)		1	City or Town, State)	4 ME	B CIR	
290, CERTIFIER 1 X CERTIFYING PHY	SICIAN: To the best of my knowledge, death or	reurned at the time date and	I place and this to the		1		
anal .	IER: On the basis of axamination and/or investi					se(s) and manner as stated	
	The second secon						
296. SIGNATURE AND TITLE OF CERTIFI	Haman Land		c. LICENSE NUMBER			IED (Month, Day, Year)	
- Interest	V		03893	7	/0	126/91	
III 30 NAME AND ADDRESS OF DEDSON W	HO COMPLETED CALIFE OF DEATH (ITEM 27)	(T D-1-4)					

CAUSE OF DEATH (ITEM 27) (Type, Print)

199

RISHNASWAMY

32. REGISTRAR'S SIGNATURE

29

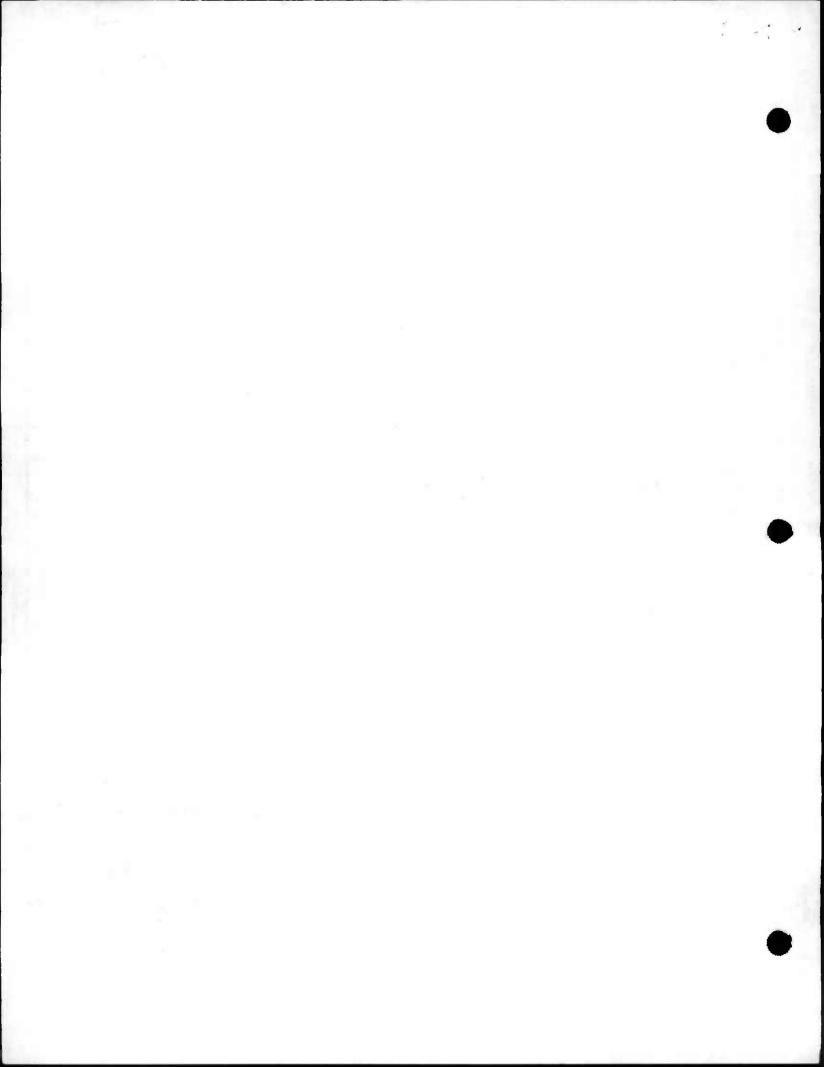
LOURT

PAULA

Lie Tevideon-Bondalls

BAUTO 2123

#20



BALTIMORE, MARYLAND 21215-0020

1 -

DIRECTOR

TO BE COMPLETED BY FUNERAL

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

O THE HOSPITAL OR ATTENDING PHYSICIAN CONTINUES THE THE death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DESCRIPTION THE WAS DEED FOR STATE OF THE ARENDING PHYSICIAN AND COMPLETED THE UNREAD OF THE UNREAD OF SHOULD BE DETAILED FOR AS THE DURISH DETAILS FOR THE PROPERTY. F	be fined within 7 hours after death with the State May of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FL	be filed will	IMPORTA

FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL HYGIE	ME	1 2	29391
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		Lund III	3. TIME OF DEATH
ARETHEA E		TOLBER	Т					10 -	25 -	GAR	1120 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i	ast birthday)	IF UNDE		IF UNDER		7. DATE OF BIRTH		6. BIRTHI	PLACE (State or Foreign
131-12-8657	1 🗆 M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1-17	Country	MD
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN	R LOCATI	ON OF D	ATH	9c. COL	JNTY OF O	НТА
ST. JOSEPH HOSPI	TAL			TOW	ISON					BAI T	IMORE
RESIDENCE OF DECEDENT										D710.1	1110112
10a, STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	ION					10d. INSIDE CITY
MD			B	ALTI	MORE						1 VES 2 NO
10e. STREET AND NUMBER					10	ZIP COD	E		10g. CI	TIZEN OF W	HAT COUNTRY?
812-816 REGESTER	AVÉNILE					212	34			U.S.	Α.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. I YES 2 X MAR OR DATES	NO		If yes, sp	ecify Cuba	n, Mexica	NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yes or No-		- American Indian, White, etc. y: BLACK
15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S				na	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		DISA	se retired.)							
17. FATHER'S NAME (First, Middle, Least) ROBERT BROWN			76.7					ME (First, Middle, Mak E BROWN	den Sumame)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street	nd Numbe	or Aural	Route Number, City or	Town, State, Z	ip Code)	
MICHELE JOHNSON			756 R	ICHW	100 D	AVE.	/BAL	TIMORE,	MD 212	212	
20a. METHOD OF DISPOSITION 1 A Burlei 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	206. PLAC of cemeta KING	MEMOF	RIAL	PAR	(Name			NDALL		
21. SIGNATURE OF FUNERAL SERVICE U	A			0.8		MARCI		H./1101 E	. NOR	TH AV	ENUE
23. PART I. Enter the diseases, or shock, or heart failure.				not anta	r the mo	da of dy	ing, suc	h as cardiac or re	apiretory a	rrest,	Approximata interval Between

IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Cardio -	· pu	ln F	ionam	ar	rest.		Onset and Daath
Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONS	EOUENCE OF	j:				7	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A CONS	EOUENCE OF): 					
PART II. Other significant condition	ne contributing to death but no	t reaulting in	n tha u	ndariying cause given in	Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO	CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	26. PLACE OF DEATH (CR:	theck only	one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 □ Inpetient 2 □ ER/Outpetient 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		zeing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		NOT (Specify) ESCRIBE HOW INJURY OCCU	IRED	
3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — Al building, atc. (Specify)	home, farm, a	rtreet, fac	tory, offica	281, LO	CATION (Street and Number of y or Town, State)	r Rural Roul	e Number,
conduction of the	ICIAN: To the best of my knowledge, ER: On the bests of examination and/o							nd menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Flement	eun	M	D D3U	IMBER 7	29d, DATE	SIONED (M	onth, Day, Year)

DEATH (ITEM 27) (Type, Print)

LUM MO Pikesville 21208 Fleme P.O. Box 32422

31. DATE FILED (Month, Day, Year)
OCT 29 1991

32. REGISTRAR'S SIGNATURE

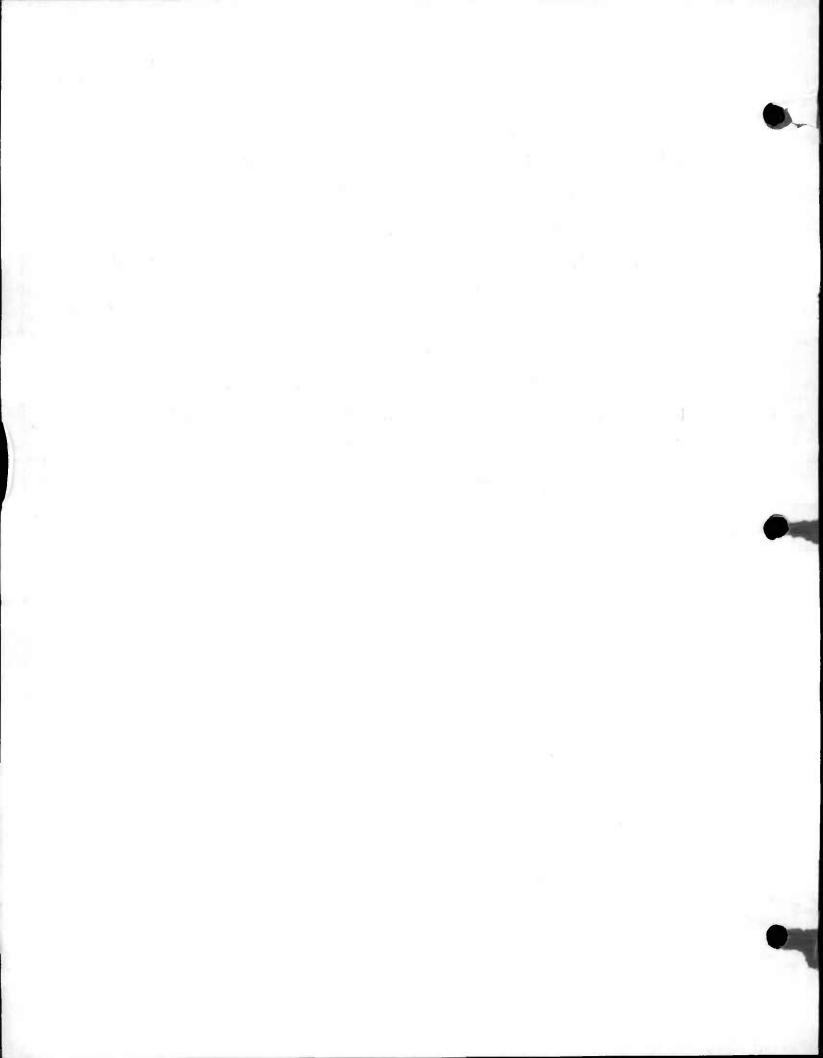
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BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 2 mars after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fig. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	0.		
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	FRANCIS L	TIM	LRNER		MONTH	DAY OI	YEAR	
	4. SOCIAL SECURITY NUMBER 5. SEX	8 AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	10-21	- 71	8:35 Am	
- 3	Z18-05-8016 1XM:	7	- 1	IF UNDER 1 YEAR IF UNDER 24 HRS.	(Month Day Year)		BIRTHPLACE (State or Foreign Country)	
		1	5 YRS.		5-30-	16	country)	
	9a. FACILITY NAME (If not institution, give street and nu	mber)		96. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH	
DIRECTOR	Dato Co-Go	neral		Balto		+	Salla	
5	RESIDENCE OF DECEDENT	110.60		201110			ZITU	
E I	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION	1.		10d. INSIDE CITY	
5	Md Bolt	7	4	12 Maple L	a Turners	SLI'	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	0		MADIE	a flurners			
\ \times	ILIS M	1		101. ZIP CODE	/	10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	+12 Maple	La.		212	22_	l u.s	5.4	
5		ECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Y	ee or No 14	. RACE — American Indian,	
	LE VES	S? 1 N YES	2 NO	If yes, specify Cuban, Maxie	can, Puerto Rican, etc.)		Black, White, etc.	
B	3 W Wildowed 4 Divorced	941 -	1945	TES 2 M NO Spec	any:		Black	
요	15. DECEDENT'S EDUCATION		16a. DECEDENT'S U	SUAL OCCUPATION	185 KIND OF B	USINESS/INDUS		
E 1	(Specify only highest grade completed)		(Give kind of wo	rk done during most of working	IOU. KIND OF B	USINESS/INDUS	ini	
균	Elementary/Secondary (0-12) College (1-4 or 5 +)			CLI			
ž			DOHN KI	iom Steal	Steel			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First, Middle, Meide	n Sumeme)		
BE	Henry lur	ner		Pliz	ca Adam	S		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura			and all	
2	Reginald Turne	/	97011		P I R	I I A I	7 17 7	
	20% METHOD OF DISPOSITION		1604	Croydon			21207	
	Buriet 2 Cremation 3 Removal from 5	tate cen	b. PLACE AND DATE OF melary, crematory or other	DISPOSITION (Name of	DATE 20c. L	OCATION - CH	y or Town, State	
	4 Donellon 5 Other (Specify)		melary, crematory or other	Forest	10/30 Ou	ings M	Ils Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		F-31.71	22. TAME AND ADDRESS OF	MSHPY+ On S.	Sone	Tno	
1	Mangal a My	144		1701 Taure	and Ct I	bolls,	, Md 21217	
	Arman M. 11.	www						
	23. PARTA. Enter the diseases, or complication	ona thet cause	d the deeth. Do no	t enter the mode of dying, au	ch as cardiac or ree	piratory arree	t, Approximate	
	arrock, or mast railure. List Drily (ne ceuse Dn e	eech line.				interval Between	
	IMMEDIATE CAUSE (Fine)							
ı	disease or condition	MALO	01100				Onset and Death	
	disease or condition resulting in death)	LUNG	CARC	INOMA W	IS TASTA	TIC 7	Onset and Death	
	disease or condition resulting in death)	LUNG DUE TO (OR AS A	CARC	INOMA, W	15 TASTA	TIC 7	Onset and beath	
NO	disease or condition resulting in death)	LUNG DUE TO (OR AS A	CARC A CONSEQUENCE OF:	INOMA, W	BTASTA	TIC 7	Onset and Death	
TION	disease or condition resulting in death) a		A CONSEQUENCE OF): A CONSEQUENCE OF):	INOMA, W	15 TAS TA	TIC 7	Onset and Death	
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		ROHE	INOMA, W	15 TAS TA	TIC 7	Onset and Death	
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	ROHE	INOMA W	15 TAS TA	TIC 7	Onset and Death	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	BONE (INOMA W	15 TAS TA	TIC 7	Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	BONE (I NOMA W	15 TAS TA	TIC 7	Onset and Death	
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF:				Γο	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF:		n Part I. 24e, WAS A		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	SONE OF STAT		n Part I. 24e, WAS A	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	SONE OF STAT		n Part I. 24e. WAS A PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
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מולין וווענון לאוסווון דעות	after death. Page 6 may be retained by the hos	by the funeral director, page 5 should be detache	emoval.	lical examiner must be notified at once.
DIVISION: AF VIIAL NECONDS, F.C. DOX 13149,	TO THE HOSPITAL OR THE HOSPITAL OR THE LEAVE. The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTION CONTROL OF THE STREAM OF THE ATTENDING Physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours are within the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If here 25 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DISINIO	TO THE HOSPITAL OR STREET	TO THE FUNERAL DISCOURT	be filed within 72 hours and	IMPORTANT: If Itsin, 25 to 1

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI REG. NO.		2030	
	1. DECEDENT'S NAME (First, Middle, Last)	JENNIE LEE				2. DATE OF OEATH OCTOBER 26	,1991 YEAR	3. TIME OF DEATH 2:02 P. M	
	4. SOCIAL SECURITY NUMBER 216-32-1849	1 □ M 2 🗓 X 56	1 M 2 XX 56 YRS. MONTHS DAYS HOURS				(Month, Dep. Venr) FEB. 28,1935 MARYLAND		
TOR	90. FACILITY NAME (If not institution, give s 5005 CLOUDBURST RESIDENCE OF DECEDENT		9		MBIA				
DIRECTOR	10a. STATE 10b. COUNT	v WARD		OWN OR LOCATION OLUMBIA			10d. INSIDE CITY LIMITS? 1 ☐ YES XXX NO		
ERAL	100. STREET AND NUMBER 5005 CLOUDBURST	HILL		101	21044			F WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZXINO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	BI	ACE — American Indian, act, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 6+)	Ille. Do NOT use i	k done during mo retired.)	st of working	16b. KIND OF BUS			
E COMP	17. FATHER'S NAME (First, Middle, Last) FREDERICK ROES	1	ASSOCIAT	E ENGIN	18. MOTHER'S N	J.H.U. / AME (First, Middle, Melden) E MOORE		RESEARCH	
TO BE	19a. INFORMANT'S NAME (Type/Print) ROBERT TOUCHETTI	(11000111112)	5005 C	LOUDBUR	RST HILL	Route Number, City or Town			
	20s METHOD OF DISPOSITION 1&D Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDAMENTICE LI	CENSEE &	TE OF HEA	VEN CEN 22. NAME AU LEROY	IETERY ID ADDRESS OF F M. & RU	10/29/91 SILV	TZKE FU	ING, MARYLAND JNERAL HOMES	
	23. PART I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only one cause on e.	tha death. Do no ach lins.	t enter the mo	de of dying, su	ch as cardiac or respi		Approximats interval Batween Onset and Dasth	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significant condition	na contributing to death b	ut not resulting in	the underlyin	g cause given in	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C		1/ 420		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. IN.	IURY AT HER 2 NO	28d. DESCRIBE HOW II	HOSPIC		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str			281. LOCATION (Street & City or Town, State)	and Number or Rur	al Route Number,	
COMPLETED	(Children Gray)	SICIAN: To the best of my know ER: On the basis of axeminatio						se(a) and manner as stated,	
то ве с	295. SIGNATURE AND PITLE OF CERTIFIE	240			29c. LICENSE N	1MBER 219	29d. DATE SIGN	NED (Month, Day, free)	
	30. NAME AND ADDRESS OF PERSON W	1/ Sa. w. + C	70 7	4-2/	,10	20707			
	OCT 29 1991	22. REGISTRAN'S SIGN	Apole BL						



Pages 1, 2, 3 should

Dermit.

page 5 should be detached for use as the burial-transit

filled in by the funeral director. I on. or removal.

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attending physician

Hygiene

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min the State Dept.

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DIMISION OF VITAL RECORDS, P.O. BOX 13146,	The law requires that the death certificate be executed within and	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY OCTOBER 25, STANLEY CLAY THOMPSON 1991 1930 7. DATE OF BIRTH (Month. Day, Vear) 8. BIRTHPLACE (Stell Country) MARCH 15, 1910 MARYLAND 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 213-03-0387 1 X 2 - F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY IDC. CITY. TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MARYLAND BALTIMORE TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 717 BRINKWOOD ROAD 21229 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 2000 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 VES 2 TO Specify: 1 Never Married 2 Married Specify WHTTE B 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) INSURANCE AGENT INSURANCE 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) F HENRY CLAY THOMPSON MARY C. MILLER notified 19e, INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUNKLES LINDA (DAUGHTER) 318 LAMBETH ROAD, CATONSVILLE, MD. 21228 pe 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Cremation 3 | Removal from State
4 | Donation 5 K Other (Specify)ENTOMBMENT 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must t LOUDON PARK MAUSOLEUM BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES usseller 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each lins. the medical Interval Batween **Onest and Daeth** IMMEDIATE CAUSE (Final disease or condition resulting in death) Multiple Organ 29 kg. event. DUE TO (OR AS A CONSEQUENCE OF) ancre atulis 10/22 ovstwhelm traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediets cause. Enter UNDERLYING ASCANDING Ch. 22 Cholony CAUSE (Disease or Injury other that initiated events resulting in death) LAST Injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? WAILABLE PRIOR TO shows any alocey 1 - YES 2 - WO COMPLETION OF CAUSE gfore 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 TAP g Home 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 18 1 6 Could not be determined COMPLETED 4 Homicide Tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPING TO THE FUND TO THE PUND TO THE PUND TO THE PUND TO THE PUND TO THE PUND TO THE PUND THE 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE ▶ 10/25/91 de m Syn A52438528-770 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AGNES HOSPITAL BALTIMORE. 31. DATE FILED (Month, Day, Year) 2. REGISTBAR'S SIGNATURE OCT 29 1991

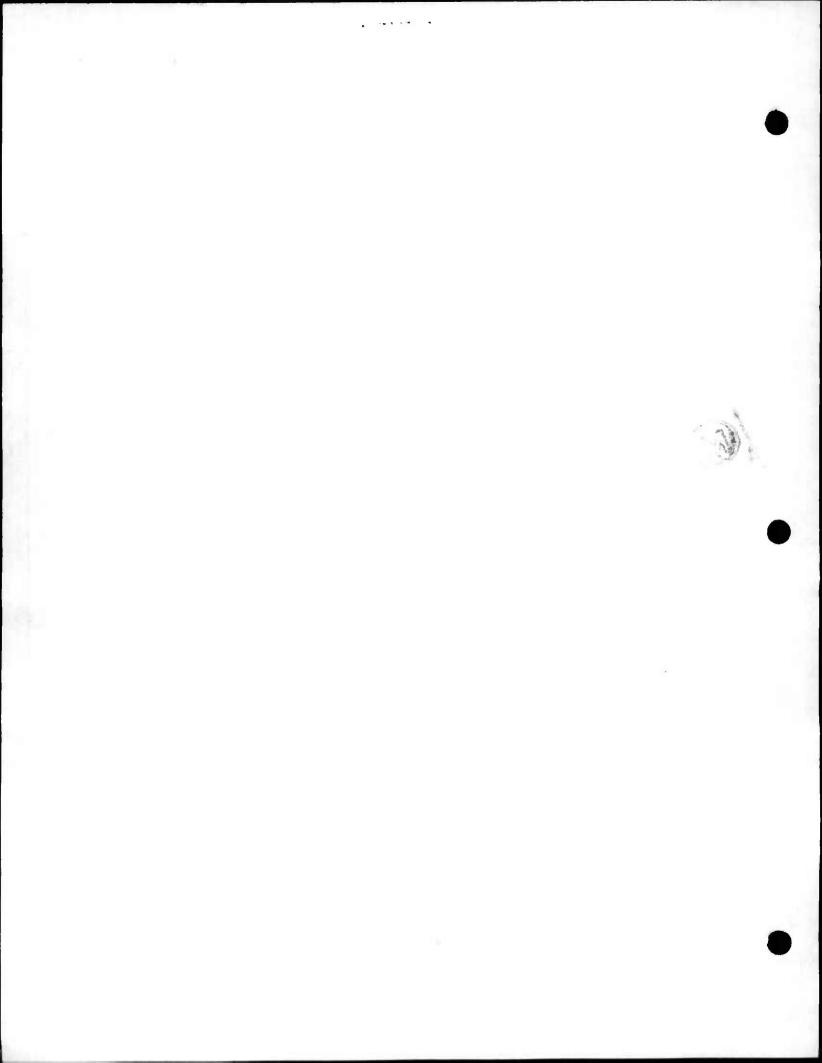
DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral approach. The following the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

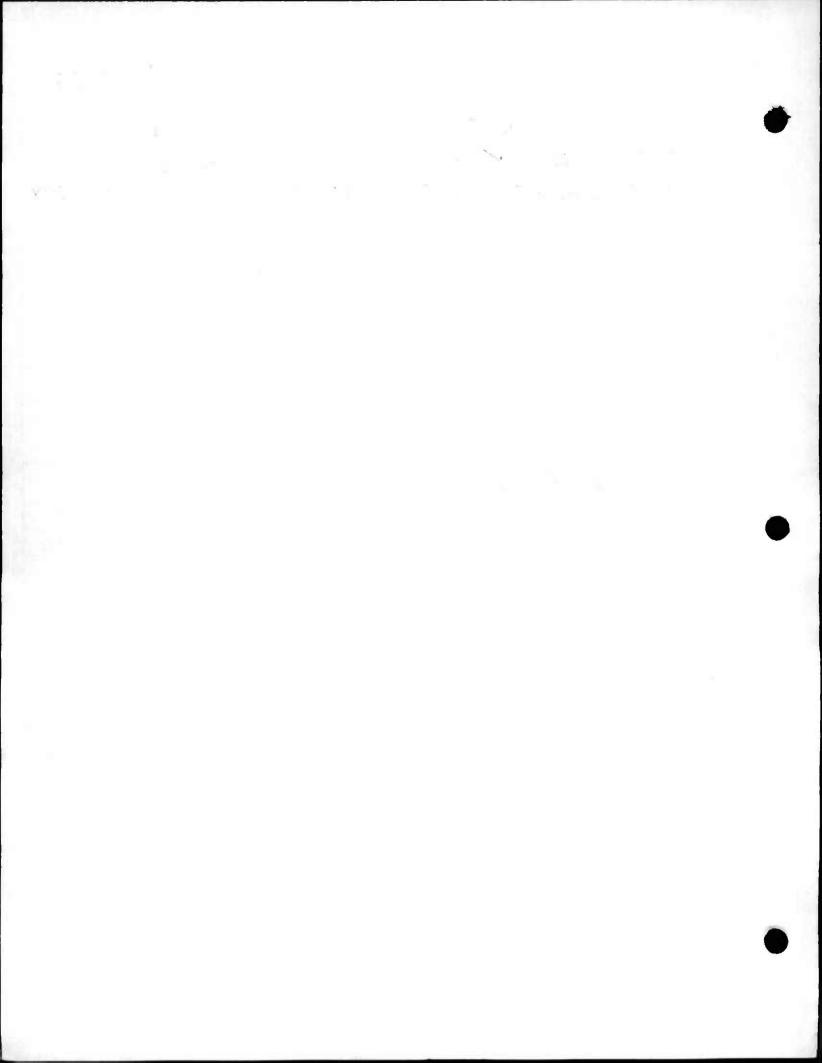
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.	1.00					
	MARGARET		derami DE KAY	1	2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 455 A M				
		M 2×5 68	YRS. MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/12/2	Count	HPLACE (State or Foreign ny) Carolina				
TOR	9a. FACILITY NAME (If not institution, give street and GOOD SAMARITAN HOSP RESIDENCE OF DECEDENT	· ·	96. CITY, TOWN OR LOCATION OF DEATH Baltimore City N/A								
DIRECTOR	Maryland N/A		Baltimore				10d. INSIDE CITY LIMITS? 1X YES 2 NO				
FUNERAL	5008 Belair Road			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY U.S.A.							
BY	1 Never Married 2 Married FO IF ST ST ST ST ST ST ST S	S DECEDENT EVER IN U.S. AR RCES? 1 TYES 2 N YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: White.								
BE COMPLETED		(Gi life.	CEDENT'S USUAL OCCUPY ive kind of work done during Do NOT use retired.)	TION most of working	16b. KIND OF BUSI						
OM	8th Grade 17. FATHER'S NAME (First, Middle, Last)	TWS	metologist	18. MOTHER'S NA	Simone :						
BE (Jesse Cooper			Roxie M	lae Hicks						
0	Joseph S. Verderami		MAILING ADDRESS (Street				1006				
ila	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Removal Iron	20h PLACE A	008 Belair	Name of	D. WE 20- 100	TION					
	. 4 Donation 5 Other (Specify)	New C	athedral Ce	metery 1	0/30 Balt	imore, M	aryland				
	Surfate 2 Cremation 3 Removal from State Competery, Crematory of other place) New Cathedral Cemetery 10/30 Baltimore, Maryland										
NO	23. PART I. Sinter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, shock, or heart failure. List only one cause on each life. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscouence of): MYDCAR DIAC INPARCTON/IHD/DIG TOXICITY.										
CERTIFICATION	Sequentisity list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions control COPDION HOME SEPSIC 20 +	UENTLAND LUNC	ABSC EX		Part I. 24a. WAS AN AI PERFORM 1 TYES 2 J	ED?	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO										
ву РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 2 Accident Investigation 28c. INJURY AT WORK? 1 YES 2 NO										
COMPLETED	or ae stated. Sua to the cause(s)	and mennar as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10(27/01)										
	JASON A. SORUM, M.D. BOI LOCK KAVEN BLUD, BALTMORE, MO										
	DGT 2.9 1001 4.2	HEGISTHAR'S SIGNATURE									



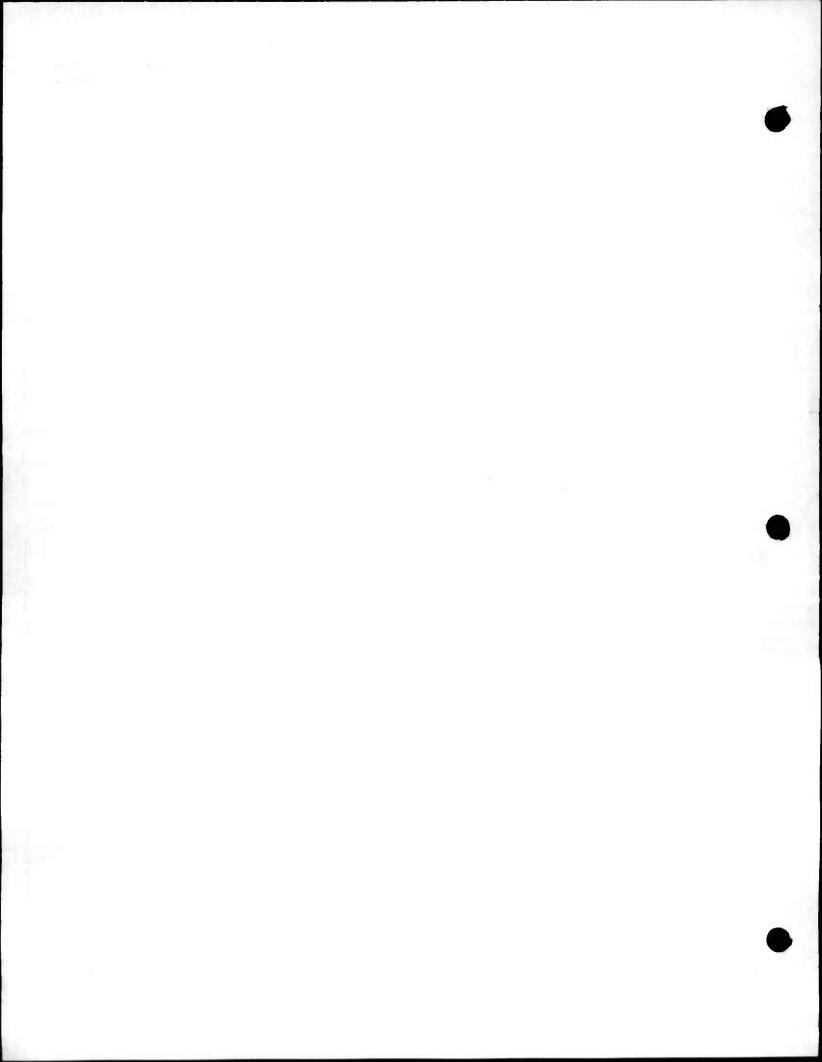
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

		MARY WITKOSKI OCTOBER 27 91									1356 M		
		4. SOCIAL SECURITY NUMBER 218-26-	7805	1 🗆 M 2 🔀 🕏	P 8	yrs. last birthday) YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.		OF BIRTH	30	Country)	cyland
Constant of the constant of th	TOR	HARBOR RESIDENCE OF DECE	Hos		CEI	WIER	BAL	TI MORE	DEATH	MD	9c. COUNT	Y OF DEA	
	. DIRECTOR	Maryland	10b. COUNTY	e Arundel			y, town on L Viera					- 1	10d. INSIDE CITY LIMITS?
	KAL	10e. STREET AND NUMBER							TOO STILL OF WHAT COOKING				
N CONTRACTOR		8469 Main Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					13. WAS	21122	CENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian				
0	2	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						e, specify Cuben, Maxie YES 2 X NO Spec	can, Puarto	Ricari, etc.)		Black, Specify:	White, etc.
	7.616	15. DECEE (Specify only h Elementary/Secondary (0-1: 11th Grade	2)	CATION completed) College (1-4 or 5+)	18	life. Do NOT us	vork done durin ne retired.)	PATION og most of working	16	b. KIND OF BU		STRY	
once.		17. FATHER'S NAME (First, Midd				Housew	71fe Home Maker 18. MOTHER'S NAME (First, Middle, Maiden Surname)						
11 65	u II		E	dward Bu	ker			Mar		cLaugh			
notified TO RF		19a. INFORMANT'S NAME (Type	,					reet and Number or Rura					
8	-	John Witkos	N -		20h BI	1474		zewood Cou					cyland 2140
mus!		1 N Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	3 🗌 Ramo pecify)	oval from State	cemeter	ry, cremetory or of Ly Cros	ther place)		1	DATE 20c. LOCATION — City or Town, State 10/30 Baltimore, Maryland			
examiner		21. SIGNATURE OF FUNERAL	7 /	- mark		3	22. NAM	E AND ADDRESS OF F	FACILITY				
		George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225											
burial, cremation, or removatic event, the medical		disease or condition resulting in death) a. TIRUTIONIU DUE TO (OR AS A CONSEQUENCE OF):									Onset and Death		
Hygiene prior to or other traum PTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
any injur	- 19	PART II. Other <u>algnificant</u> conditions contributing to death but not resulting in the underlying cause give							n Part I.	24a. WAS AN PERFOR	RMED?	Al Ci	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
3 00 1		1 YES 2 - MO											
		25. WAS CASE REFERRED TO I	MEDICAL				2	8. PLACE OF DEATH (C	heck only o	ne)			
ed, or Item 2:		1 _ YES 240		HOSPITAL:		nt 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Rasidence	8 🗆 Othe	er (Specify)			
5 0 D	- 18	a _ racident	nding estigation	28a. DATE OF IN. (Month, Day,	(M)	A N	7A 1	INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
item 28 is mari		4 Homicide det	uld not be ermined	28s. PLACE OF II building, ato	- (Specify)			NIA	City	ATION (Street a or Town, State)	7	11	te Number,
2 = 5		(Check only one) 2 MEDICA	L EXAMINER	HAN: To the best of my	knowledg	e, death occurre	d at the time,	data and place, and du in, death occured at the	e time, date	use(a) and mar	ner se stated d due to the	:ause(a) a:	nd manner as stated.
IMPORTANT: TO BE CO!		296. SIGNATURE AND TITLE OF CERTIFIER AHOJE MUNEL MD (INTERNATIONAL PROPERTY OF CERTIFIER PROPERTY OF CERTIFI											
		AFROLE MUNEER. 7896 L TALL PINES COURT MD 21061											
		31. DATE FILED (Month, Day, Yea	7	OCI 29	SIGNATU	RE Side	Like	or fredere					



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundary.
be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

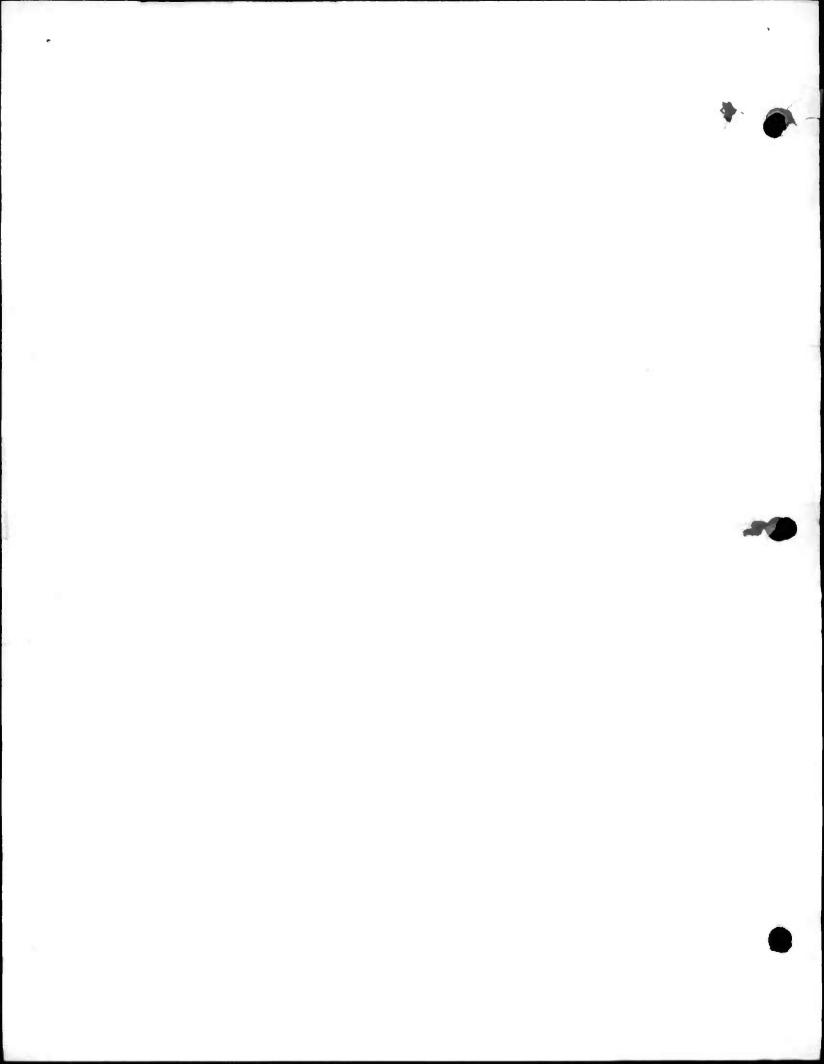
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF I	HEALTH	AND	MENT	AL HYGIE	NE	1 6	29397
	1. DECEDENT'S NAME (First, THOMAS 4. SOCIAL SECURITY NUMBER		В.	WASH	INGTO	N				MON	2. DATE OF DEATH MONTH OCTOBER 26, 19		991	3. TIME OF DEATH 9:20
	220-03-4367		5. SEX	6. AGE (In yrs. I	last birthday) YRS.	MONTHS DAYS HOURS MIN.		7. DAT	е о г віятн -26-191			S.C.		
œ	9a. FACILITY NAME (# not ins					9b, CITY, TOWN OR LOCATION OF OEATH			EATH	TH 9c. COUNTY OF DEATH			EATH	
DIRECTOR	MARYLAND G	ENERA	L HOSPITA	AL		BALTIMORE CITY					BALTIN			DRE CITY
RE	10a. STATE					TY, TOWH O		TION						10d. INSIDE CITY
	Md 100. STREET AND NUMBER				Bal	timore								1 X YES 2 NO
FUNERAL	813 N.	Gilmore	e Street					21217	7				US /	HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2, IF YES, GIVE WAR OR OATES			1 YES 2	RMED	13. W	MAS DEC f yes, sp I YES	ENDENT Code	OF HISPAN In, Mexical Specify	IIC ORIGI in, Puerto y:	ilN? (Specify Yo Ricen, etc.)	ea or No-	14. RACE Black Specif	- American Indian, white, etc.
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)			+)	DECEDENT'S (Give kind of a life. Do NOT us	work done di ise retired.)	CUPATIC during mo	ON ost of workin	ng	16	Sb. KIND OF B	USINESS/IN	DUSTRY	
SMP	17. FATHER'S NAME (First, Middle, Last)													
BE CC	Amos Washington							5	Sallie	e Mag				
2	190. INFORMANT'S NAME (Type/Print) Elizabeth Frazier				9b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Ra Ra	nber, City or To	v Town, State, Zip Code)		
	29. METHOO OF DISPOSITIO	20b. PLACI	E AND DATE	no no other stored			OA"	DATE 20c. LOCATION — City or Town, State 103091 Randall Stown, Md			wn, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Kauen** Margaret**													
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) CARCINOMA OF THE LUNG DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Da					
PHYSICIAN: MEDICAL CER	PART II. Other eignificant conditions contributing to deeth but not resulting					In the underlying ceuse given in Part			Part I.	art I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF DE	EATH (Che	ick only o	ne)			
2	1 YES 2X NO		1 💢 Inpatient 2 🗆		1	OTHER:		a 5 🗆 Res	sidence (8 🗆 Oth	er (Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pe	ending	28e. OATE OF I (Month, Da	INJURY sy, Year)	28b. TIME	E OF 2	28c, INJU WOF 1 Y	RK?		28d. DE	SCRIBE HOW	INJURY OCC	CURED	
	3 Suicide 8 Co	could not be	28e. PLACE OF building,	FINJURY — At he etc. (Specify)	ome, ferm, s	M 1 VES 2 NO 10, ferm, street, factory, office 281. LC				281. LOC City	LOCATION (Street end Number or Rural Route Number, City or Town, State)			ute Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIF ER MEDICA	YING PHYSIC	CIAN: To the best of m	my knowledge, d	eath occurre	d at the tim	ne, data :	and plece, eath occur	end due t	to the ce	use(s) end ma	nner ee stat	ed.	end menner as stated
	29b. SIGNATURE AND TITLE O	OF CERTIFIED	so for	n.D.					NSE NUME					Month, Day, Year)
	30. NAME AND AODRESS OF F	PERSON WHE	O COMPLETED CAUS	E OF DEATH (IT	FM 27) (Type	Print)								
2	HASSAN FAR	HAT,	M.D.	c/o .	MARYL	AND C	TENE	RAL	HOSP	TTAI				



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crematical or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (in by the funeral director, page 5 should be detache.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 us after death. Page 6 may be retained by the hosp

6

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEA		NTAL HYGIENI REG. NO.	E .			
	1. DECEDENT'S NAME (First, Middle, Last)	aura I	aura	Weaver		DATE OF DEATH DAY		3. TIME OF DEATH 5:30 P M		
	4. SOCIAL SECURITY NUMBER 220-(4-2402)	1 □ M 2 △ F	75 YRS.	MONTHS DAYS H	DURS MIN.	DATE OF BIRTH (Month, Day, Year) 4/1/191	16 °	S.C.		
TOR	99. FACILITY NAME (If not institution, give	Spital		Batti	MOUL A	7	9c. COUNTY	OF DEATH		
DIRECTOR	10e. STATE 10b. COUNT	alto Cil		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 A YES 2 NO		
FUNERAL	10s. STREET AND NUMBER	nordene	Rd		QQ) C	9	US	OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2/NO	13. WAS DECENI Nyes, specif 1- YES 2	DENT OF HISPANIC C y Cuben, Mexicen, Pu NO Specify:	RACE — American Indien, Black, White, etc. Specify: Black				
COMPLETED								RY		
	17. FATHER'S NAME (First, Middle, Last) John Foster		Dome	estic *	MOTHER'S NAME (Home First, Middle, Malden : Foste	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Estrelita Rido	lick		ADDRESS (Street and Cordel:	Number or Rural Route	Number, City or Town	n, State, Zip Cod	21215		
	20a METHOO OF DISPOSITION FEF Buriel 2 Cremetion 3 Rev 4 Donallon Other (Specify)		other place) Md. Nat	TION (Name of camete	ery, cremetory or		cation - city			
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE MAS	tagy	James James	A. MOT		øns,	Inc.		
	23. PART / Enter the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. STROK	E CU	4)	of dying, such as	cardiac or respir	retory srrest,	Approximate interval Between Onset and Death		
CEMINICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
SAL	PART II. Other aignificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 INO OF D								
PHYSICIAN: MEDI						-		1 TES 2 NO		
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/O	ulpatiant 3 DOA	OTHER: 4 - Nursing Home		Other (Specify)				
B	1 Natural 5 Pending 2 Accident investigation	2 Accident Investigation					NJURY OCCURE	Jural Route Number,		
COMPLETED	3 Suicide 8 Could not be determined	building, etc. (S	pecify)			City or Town, State)		urai rione number,		
COMP	(Check only one) 2 MEDICAL EXAMIN							use(e) end manner se stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFI				693	R	29d. DATE SIG	25 9 (
	30. NAME AND ADDRESS OF PERSON W		OEATH (ITEM 27) (Type,		SAH	rspir	e. R	SALT.		



	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last)		CHARLOTTE			2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	MONTHS DAYS		7 DATE OF BIRTH		B. BIRTHPLACE (State or Foreign Country)		
	220-50-3360	20-50-3360 UM 'A' 83 YRS UM 14								
α.	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	GOOD SAMARITA	N HOSPI	TAL	BALT	IMORE, C	ITY				
JEC.	10a. STATE 10b. COUNT	Υ	10c. CI	TY, TOWN OR LOC	CATION			10d. INSIDE CITY		
	MD.				IMORE, C		LIMITS?			
AL	10e. STREET AND NUMBER			101. ZIP CODE	10g. CITIZE	EN OF WHAT COUNTRY?				
FUNERAL	1 OAK PLACE				21	218		U.S.A.		
В	11. MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, stc.) 1 YES 2 NO Specify:				
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION (Completed)	16a. DECEDENT'S	S USUAL OCCUPA	TION	18b. KIND OF BI	USINESS/INDUS	WHITE STRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+		work done during i use retired.)	most of working					
MP	12		HOUSEW	IFE AN	D MODEL	оми но	ME AN	D CLOTHING		
_	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Maide				
BE	ROBERT JAMES	TAYLOR				N STINSO				
10	190. INFORMANT'S NAME (Type/Print) SAMUEL T. BYRON JR. 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 331 SAMUEL T. BYRON JR.									
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Cremation of Charles) 20c. LOCATION — City or Town, State									
-	4 Donation 6 Other (Specify) LORRAINE PARK MAUS. 10/29 WOODLAWN, MD. 2120									
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF FA	4905	YORK	ROAD 21212		
7	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or head falling List or head									
CERTIFICATION	ahock, Dr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onaet and Death Approximate interval Between Onaet and Death Approximate interval Between Onaet and Death Approximate interval Between Onaet and Death But TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury									
H.	that initiated events resulting in death) LAST		(OR AS A CONSEQUENCE O	₩);						
B		0.	extension.							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Pulmonary Disease. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDION OF CAUTO OF DEATH? 1 YES 2 NO									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I OTHER:	PLACE OF DEATH (Ch	neck only one)				
1×S	1 YES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3 DOA	4 - Nursing Ho	me 6 - Rasidence	6 Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF I (Month, Da		JURY W	JURY AT /ORK?	28d, DESCRIBE HOW	INJURY OCCUR	RED		
B	2 Accident Investigation	28 - PI ACE OF	E MA HARM		YES 2 NO	_				
ETED	3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	(Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one)	CIAN: To the beat of r	my knowledge, death occurre amination and/or investigation	ed at the time, dat on, in my opinion,	is and place, and due death occured at the	to the cause(s) and ma	nner as stated,	cause(a) and manner as stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER		T)		29c. LICENSE NUI	MBER	29d. DATE SI	IGNED (Month, Day, Year)		
9	Mount	Interv	1-Internal	Medicin	d		10	124 91		
	30. NAME AND ADDRESS OF PERSON WHO		GO od Sam		Huchital	Baltin	No N	110		
	31. DATE FILED (Month, Day, Year) OCT 2 9 1991	32. REGISTRAR	dson-Rindall		11034111	10 (1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		
		Tuna way	dson-handelle							

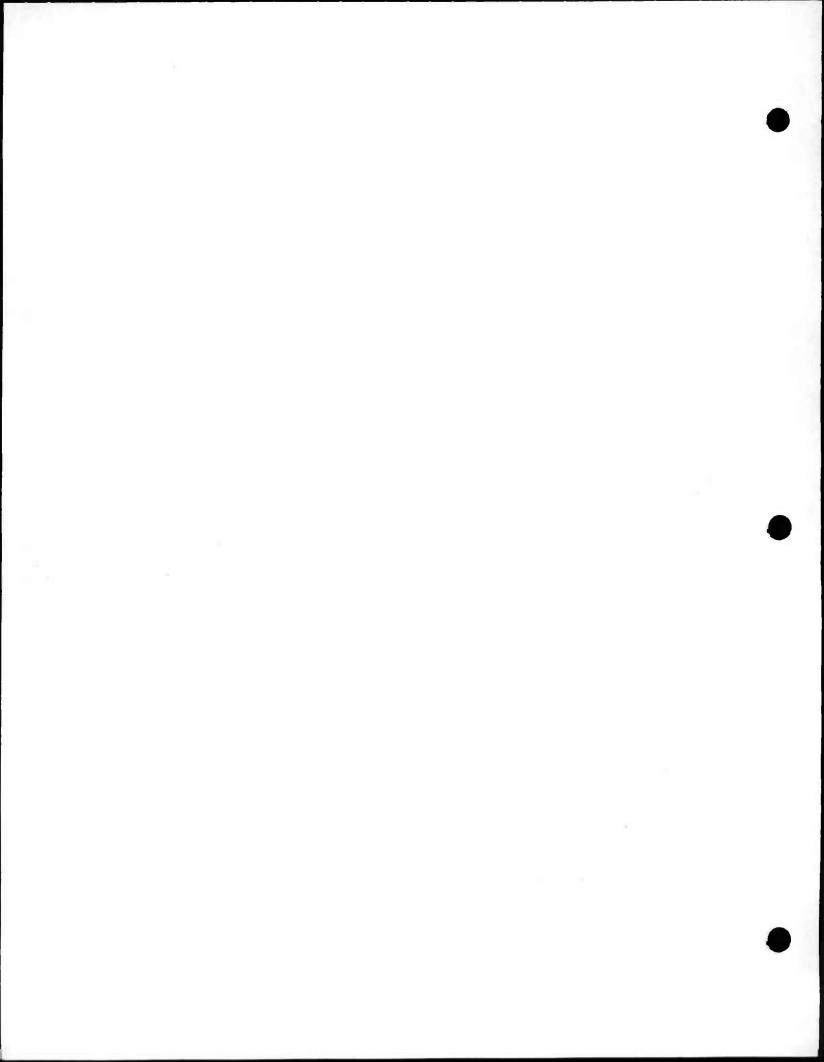
OHMH-16 Rev 1/89

	. 2, 3 should	
required the comment of the comment	heral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	shows any injury or other frammatic avent the medical evantions much be seemed as any
בפנוז. רמעל ט ווופ	funeral director,	deminar mend
בין וומחוז פונפו ה	filled in by the flon, or removal.	the medical as
THE PARTY AND AND AND AND AND AND AND AND AND AND	n and completely to burial, cremal	matir event
200000000000000000000000000000000000000	tending physicial Il Hygiene prior	or other trau
-	been signed by the attending physician and completely filled in by the funeral direct. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury
	نیه ست	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SINIE OF I	CE	RTIF	ICATE	OF H	DEA.	AND	MENT	AL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)		WOHRNA		TOTAL E	<u> </u>	DEA		2. DAT MON OCT	E OF DEATH	* 100	YEAR	3. TIME DE DEATH 7:30 A.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	7. DATE OF BIRTH		7	PLACE (State or Foreign
	214-14-4702	1 □ M 2 □XF	73	YRS.	MONTHS	DAYS	HOURS	MIN.	MAR	11th, Day, Year) 2, 19	18	Country	MD.
	9a. FACILITY NAME (If not institution, give s				9b. CITY,	TOWN O	R LOCATI	DN OF D				INTY OF DE	
OR	108 WEST 39th. STREET BALTIMORE, CITY												
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION										
DIRECTOR	MD.		100.011				ORE	E, CI	TΥ			10d. INSIDE CITY	
	10e. STREET AND NUMBER				-	ZIP CODI			10g. CITIZEN DF WHA			1 X YES 2 NO	
FUNERAL	108 WEST 39th	. STREE	Г						212	10		U.S	
5	11. MARITAL STATUS 1 Never Married 2 Married	YES 2 N		13. W	S DECE	CENDENT OF HISPANIC ORIGIN? (Specify Ve			IN? (Specify Yes	or No-	14. RACE	- American Indian.	
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR DR D			Just abo			pocify Cuban, Maxican, Puarto Rican, aic.) S 2 V NO Specify				Specify:		
	15. DECEDENT'S EDUCATION			EDENT'S	USUAL OCC	LIPATIO	N		140	b. KIND OF BUS	Thursday.		WHITE
Щ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				10	o. KIND OF BUS	HRESS/INI	DUSTRY		
COMPLETED	12 2			TREASURER					INSUR	ANCE	BRO	OKER	
	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	IER'S NA	ME (First,	Middle, Malden	Sumame)		
BE	DR. GEORGE J. 1 19a. INFORMANT'S NAME (Type/Print)	WOHRNA								PFAFF			
2	JEANETTE W. B	A IZ EXTO								nber, City or Town			
-	20a. METHDD OF DISPOSITION		7 2	_				Ε.		TIMOR:			
	Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	PARKW	atory or of	ther plecel			10/	DA			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	TT ATTIM	OOD		ME AND	ADDRES	S OF FA					MD. 21234
N	*William &	· Cario	777		ne.	NDV	TAT	TE					AD 21212 BALTO, MD.
	23. PART I. Enter the diseases, or o	complications that	ceused the dee	th. Do n	of enter th	14 17 1	le of dul	U E	INVI	NS AN) SC	JNS • I	
	IMMEDIATE CAUSE (Final	cist only one ceus	se on eech line.										Approximate intervel Between Onest and Death
CATION	If any, leading to immediate cause. Enter UNDERLYING									16 ments			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (I	DR AS A CONSEDU	JENCE DF	Ŋ:								
	PART II. Other significant condition	s contributing to o	leeth but not re	sulting is	n the unde	riying	ceuse g	iven in	Part I.	24a. WAS AN		24b. \	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL				or not resulting in the underlying couse given in Pa					PERFORMED?			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
ĕ∥	25. WAS CASE REFERRED TO MEDICAL					26 DI A	CE OF DE	ATU (O)	eck only o				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatlant 3	DOA	OTHER:								
훉	27. MANNER OF DEATH	26a. DATE OF II	NJURY	26b. TIME	OF 28	c. INJU	RY AT	Idence		SCRIBE HOW IN	JURY OCC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	, reary	ILMI		WOR	K? S 2 [ND					
	3 Suicide 6 Could not be detarmined	28a. PLACE DF building, a	INJURY — At hom tc. (Specify)	e, farm, st	treet, factory	, offica			28f. LOC City	CATION (Street ar or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINES	CIAN: To the best of m R: On the basis of axe	ny knowledge, daat mination and/or im	n occurre	d at the time	, data a	nd place, ith occure	and dua	to the car	use(s) and mann	or as stat	ed. a cause(s) :	and manner as stated.
BE	SIGNATURE AND TITLE OF CERTIFIER					-	29c. LICEI						Wonth, Day, Year)
o III	ran Maun						DZ	18	133		1/c	1/28	191
1	Dr. John Saunde	rs 1	001 Cr			ric	lge	Rd.	В	alto.	Md.	212	204
	31. DATE FILED (Month, Day, Year) OCT 2 9 1991	22. REGISTRAR	s signature Son-Randa	82									

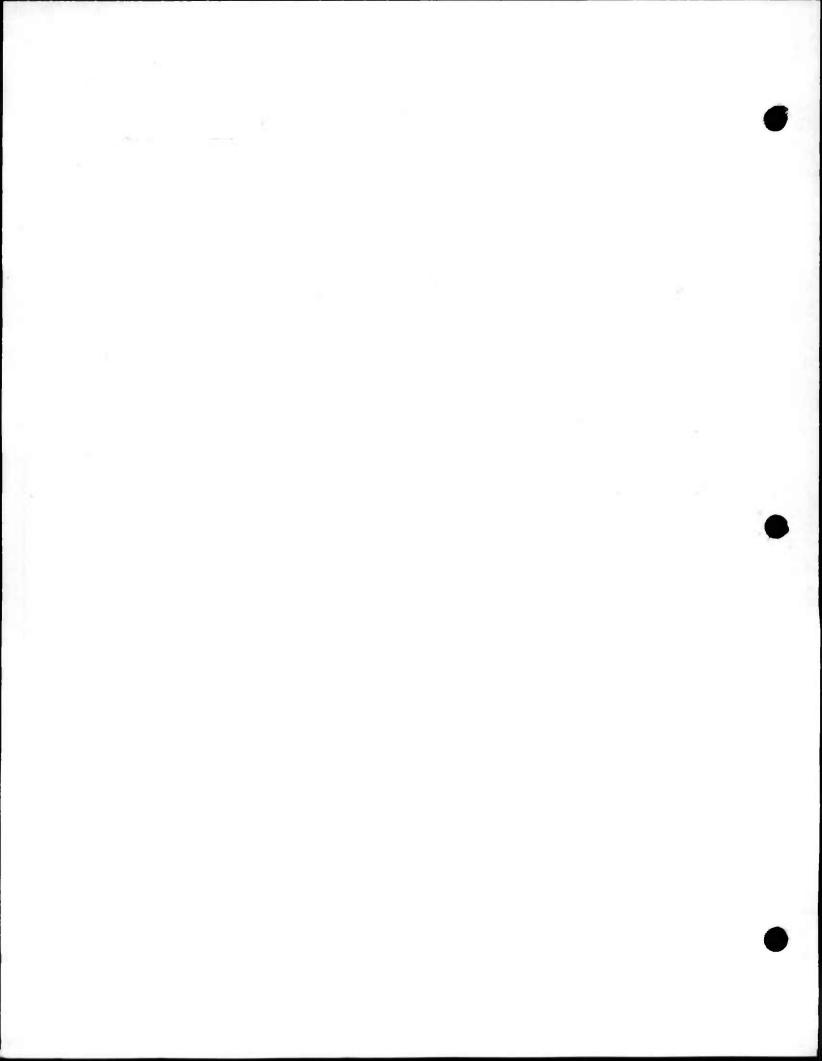


DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

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İ	TO THE MENUAL WELLING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNDATE CHECIDA: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF I		MEN1	TAL HYGIEN		Con w	7901	
	1. DECEDENT'S NAME (First, Middle, Last,) • · · · · · · · · · · · · · · · · · ·	HENRY	S. WRI	GHT		TE OF DEATH		YEAR _	TIME OF DEATH	A.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DA	I E OF BIRTH		S. BIRTHPL	ACE (State or Fore	eign
	218-05-1928 9a. FACILITY NAME (If not institution, give	JUN. 26, 1903						Country)	MD.		
A.	Maryland General Hospital: Baltimore								IT OF DEA	IH	
DIRECTOR	RESIDENCE OF DECEDENT										
RE	10a. STATE 10b. COUN	ΓY	10c. CIT	Y, TOWN OR LOCA	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
0	MD . 100. STREET AND NUMBER			Baltimo	re City				3	XYES 2 N	10
RA	Control of the contro			10	r. ZIP CODE			10g. CITIZ	IEN OF WHA	AT COUNTRY?	
FUNERAL	2216 KENTUCK		21213				S.A.				
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEMENT E FORCES? IF YES, GIVE WAR		If yee, ac	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yee, specify Cuben, Mexicen, Puerio Rican, etc.) 1 YES 2 NO Specify:				or No— 14. RACE — American Indian, Black, White, etc. Specify WHITE		
	15. DECEOENT'S EOU (Specify only highest grad	JCATION le completed)	18a. DECEDENT'S	USUAL OCCUPATION	ON ast of working	1	16b. KIND OF BU	SINESS/INDI	USTRY	***************************************	
Щ	Elementary/Secondary (0-12)	work done during mo se retired.)	or or working								
COMPLETED	12		MAII	L ROOM					ANCE CO.		
	17. FATHER'S NAME (First, Middle, Last)	a					t, Middle, Meiden		_		
BE	EDWARD E. WRI(19a, INFORMANT'S NAME (Type/Print)	<u> GHT</u>	property just				AGLESC				
2	MARGARET W. W	RIGHT		KENTUC						21213	
	20e. METHOD OF DISPOSITION **Burlet 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DATE Commetery, crematory or of		me of	0.	ATE 20c. LO	CATION — C	City or Town,	, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	IOTALOGO.	PARKWOOI	CEMET		0/3	O BAI	TIMO	RE,M	iD. 212	234
V	+ Eli- m	1 P	· As		ND AODRESS OF					D 212	
	23. PART i. Enter the diseases, or	complications that c	aueed the death. Do n	ot enter the mo	Y W. J	LINK	INS AN	ratory area	NS.E	Approximat	-
	ehock, or heart fellure, IMMEDIATE CAUSE (Final disease or condition resulting in death)	Me	on each line of tastatic C	ancer Of						intervel Bat Onset and	lween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTIF	that initiated events resulting in death) LAST	d	AS A CONSEQUENCE OF	י ן:							
	PART II. Other eignificant condition	ns contributing to de	ath but not resulting i	n the underlying	ceuse given (n Part i.	24a. WALS AN	VZGOTILA	245 WI	RE AUTOPSY FING	DINGS
PHYSICIAN: MEDICAL							1 TYES	MEO?	CO OF	AILABLE PRIOR TO IMPLETION OF CAI DEATH? YES 2 NO	USE
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C	Charle and	2001				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:							\dashv
ξY	27. MANNER OF OEATH	280. OATE OF INJ	IURY 28b. TIME		URY AT	T	her (Specify) ESCRIBE HOW II	MURY OCCI	UREO		\dashv
ВУР	Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year) INJI		RK? (ES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, at (Specify)	treet, factory, offic		281. LC	OCATION (Street e ty or Town, State)	nd Number o	or Rural Route	e Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	HYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, end due to the ceuse(e) end manner as stated. MINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								led,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		DUNG		29c. LICENSE N				SIGNEO (Mo	onth, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETEO CAUSE (OF DEATH (ITEM 27) (Type,	Print)		-		- 1	0/2	7/1	
	Cuong Ngo M.D.	L.	/		1 827 L	inde	n Avenu	e			
	31. DATE FILED (Morith, Day, Year) OCT 2 9 1991	32. REGISTRAR'S	SIGNATURE					_	-		\dashv
	1991 63 100	Sulia Sainds	- Mandall								



	REGISTRAR	OTHE OF HIM	,	CATE OF	IEALTH AND M DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	George	Hayes Wr	right,	III	2. DATE OF DEATH MONTH	10/26/97	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214-40-6075	1 M 2 🗆 F	49 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 04-12	-42	BIRTHPLACE (State or Foreign
DIRECTOR	Stella Maris Ho		TOWS	OR LOCATION OF DEA	Baltimore			
	100. STATE 10b. COUNT	Baltimor		TOWN OR LOCA	TION Balti	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 6712 Boston A			10	7. ZIP CODE			JSA
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	If yes, sp	CENDENT OF HISPANI secify Cuban, Maxican 3 2 X NO Specify:	Yea or No- 14.			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wa life. Do NOT use	ork done during me	BUSINESS/INDUST			
	12th Grade 17. FATHER'S NAME (First, Middle, Last)	ASSESSED TO SECURE	Clair	ns Age		Soci		urity Adm.
BE	George Have	Jr.	ADDRESS (Street	Josephi and Number or Rural R			bancik	
2	Josephine M.	Wright	6712		n Avenue		O. MD	21222
NOI	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acqu.	on each line.	NUNE .	DEFICIEN			Interval Bet Onset and
FRIFICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF					
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR	AS A CONSEQUENCE OF	j):	ng cause given in	PE	S AN AUTOPSY REORMED? ES 2 NO	24b. WERE AUTOPSY FING AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	AS A CONSEQUENCE OF	n the underlyle	ng cause given in PLACE OF DEATH (Cho	PE 1 YI	RFORMED?	24b. WERE AUTOPSY FING AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condition of the condition of the cause of the caus	DUE TO (OR d. DOB Contributing to de HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN. (Month, Day,	AS A CONSEQUENCE OF ath but not resulting in the second se	OTHER:	PLACE OF DEATH (Chi	PE 1 Yi eck only one) 6 (XOther (Specify)	RFORMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condi	DUE TO (OR d. DOE TO (OR d. DOE TO (OR	ath but not resulting in the state of the st	OTHER: 4 Nursing Hotel URY M 1	PLACE OF DEATH (Chr me 5 Residence JURY AT ORK? YES 2 NO	eck only one) 8 XOther (Specify 28d, DESCRIBE H	RFORMED? ES 2 NO HOSD: OW INJURY OCCUI	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the condition of the cond	DUE TO (OR d. DOE CONTributing to de HOSPITAL: 1 Inpatient 2 El 28e. DATE OF IN (Month, Dey, 28e. PLACE OF It building, etc	RAS A CONSEQUENCE OF ath but not resulting is ath but not resulting is ath but not resulting is ath but not resulting is ath but not resulting is ath but not resulting is at a consequence of the conseque	28. I OTHER: 4 Nursing Ho E OF 28c. II URY M 1	PLACE OF DEATH (Chr. me 5 Residence INURY AT IORK? YES 2 NO Ica Ita and place, and due	eck only one) 6 XOther (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town,	HOSP: OW INJURY OCCUI	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO COMPLETION OF CA OF DEATH? RED Rural Route Number,
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the condition of the cond	DUE TO (OR d	RAS A CONSEQUENCE OF ath but not resulting is ath but not resulting is ath but not resulting is ath but not resulting is ath but not resulting is ath but not resulting is at a consequence of the conseque	28. I OTHER: 4 Nursing Ho E OF 28c. II URY M 1	PLACE OF DEATH (Chr. me 5 Residence INURY AT IORK? YES 2 NO Ica Ita and place, and due	eck only one) 6 **XOther (Specify 28d. DESCRIBE H. 26f. LOCATION (S. City or Town, to the cause(a) and time, data and pleasures.	HOSP: OW INJURY OCCUI treet and Number or d manner as stated ce, and due to the december 29d. DATE S	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO

DHMH-18 Rev 1/89



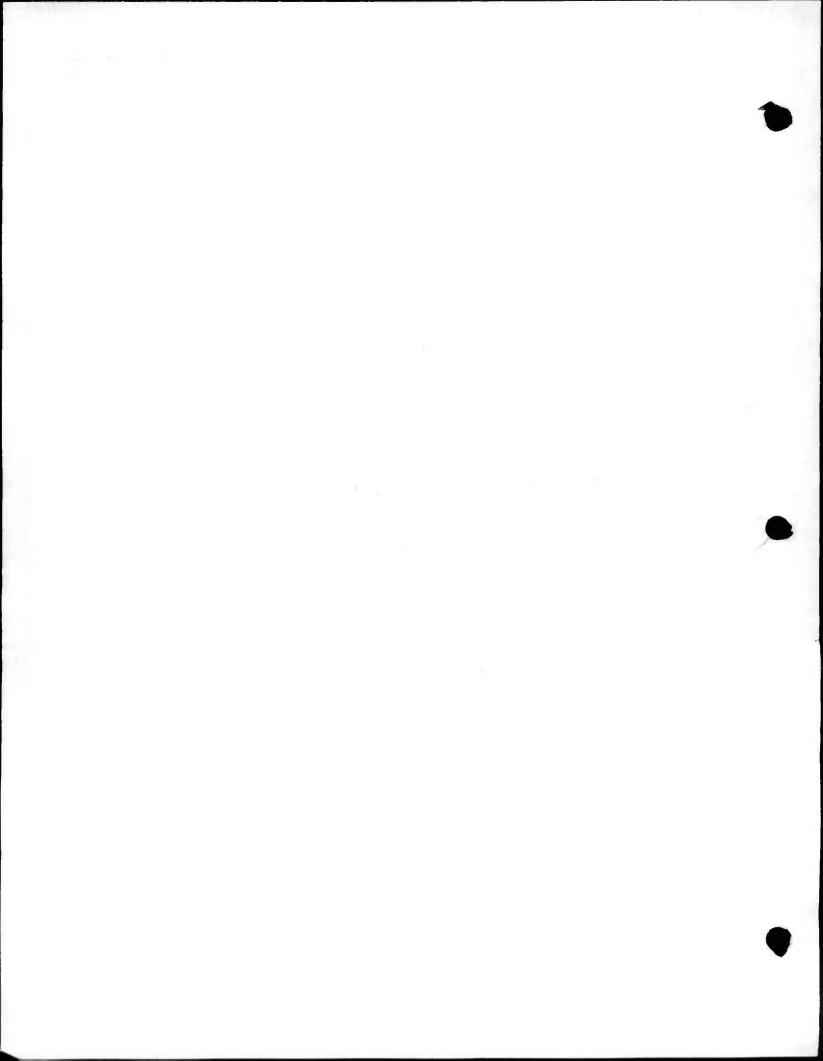
MIVISION OF WITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	mental was required that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The formal has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the state of Health and Mental Hygiene prior to burial, cremation, or removal.	or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OF WITAL RECO	Himsproff, The law requires the		arked, or item 23 shows at
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FLINERAL DIRECTOR: After the filed within 72 hours after death	IMPORTANT: If them 28 is ma

	FOR 1 - STATE	STATE OF MARYL	AND / DEPA	RTMEN	AT UE F	IFAITH AND	MENT	N HAGIEN		29403	
	REGISTRAR		CERTIF	ICAT	E OF	DEATH	INICIAN	REG. NO			
25 11 5	1. DECEDENT'S NAME (First, Middle, Last)						2. DATI	E OF DEATH		3. TIME OF DEATH	
	CORBIN ANN	ZIEGLER					OCT	OBER 2	5, 19	91 12:19P	М
	220-29-8745	1 🗆 M 2 💢 F	(in yrs. leat birthday) YRS.	MONTHS	DAYA	IF UNDER 24 HRS. HOURS MIN.	7 DATE	e of BIRTN ith, Day, Year) V. 9,		s. BIRTHPLACE (State or Foreign Country) Maryland	
_	Se. FACILITY NAME (If not institution, give stree	it and number)		9b. CIT	Y, TOWN	OR LOCATION OF D			9c. COUNT	TY OF DEATN	
DIRECTOR	THE JOHNS HOPKINS RESIDENCE OF DECEDENT 100. STATE	HOSPITAL				RE CITY			BALT	IMORE CITY	_
	Maryland Harfo	ord	10c. CIT		or Locat	ION				10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	306 Burnside Road	d				21085				EN OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (10	13.	. WAS DEC If yes, spi 1 YES	CENDENT OF NISPA ecity Cuban, Mexic 2 XNO Speci	NIC ORIGI an, Puerto	IN? (Specify Yea Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White	
60	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION	18a. DECEDENT'S	USUAL (OCCUPATIO	NC	16	b. KIND OF BUS	SINESS/INDU	ISTRY	_
COMPLETED		mpleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done ise retired.)) during mo:	st of working		N/			
S S	17. FATNER'S NAME (First, Middle, Last)			11.		18. MOTNER'S NA	AME (First,				_
BE C	Wayne Ziegler				1			n DeB	,		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRES	SS (Street a	and Number or Rural	Route Nun	nber, City or Tow	n, Statu, Zip (Code)	_
F	Mr. William DeBlo					p Drive	, Ki				
	20e METNOD OF DISPOSITION 1 A Burlel 2 Cramation 3 Demova 4 Donation 5 Other Specific	if from State 20b.	PLACE AND DATE	OF DISPO	ON MOITING	ime of	OAT	TE 20c. LO	CATION — CI	Ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE-LICEN	es cu	Jak Law	22.	NAME AN	ND ADDRESS OF FA	ACH ITY			Balto. Co., MI	
	Marin XX	fewer			.emmo	on-Mitch	nell-V	Viedefe	ld, 1	0 W. Padonia	F
\vdash		w)son			imon	nium, MC	0.210	093			
	23. PART I. Enter the diseases, or com- shock, or heart failure. List	aplications that caused it only one cause on er	tha daath. Do rach iine.	not anta	r the mo	de of dying, sur	ch ss car	diac or raspi	ratory arres	st, Approximata	
	IMMEDIATE CAUSE (Final			Lorg	corcil	llo Legio	1051	ratio.		Onset and Date	ath
	resulting in destiny	DUE TO (OR AS A	CONSEQUENCE O	F):	00 3 10	of all state	ريب	المرااية		36 hour	1
CERTIFICATION	If any, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A METABOLIC CU DUE TO (OR AS A	efect of consequence o	Fixe	tore	body u	Hire	ation		11 mont	the
ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):							
	PART II. Other significant conditions c	contributing to death by	ut not resulting	In the u	ndarivino	cause given in	Part i	244 WAS AN	AUTOPSY	Tear were autonov entour	22
2			N. Contract			,		PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICA								1 7 YES 2	□ NO	OF DEATH?	
							-			1 YES 2 HO	
AN	25. WAS CASE REFERRED TO MEDICAL				26, PL	ACE OF DEATH (Ch	test oak o				
Sic		IOSPITAL:	etlent 3 DOA	OTHE	R:						_
PHYSICIAN:	27. MANNER OF DEATH 1 Netural S Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJE	RK?	7	er (Specify) SCRIBE NOW IN	NJURY OCCU	IRED	
B	2 Accident Investigation	22 22 22 25 10 10 10		М		res 2 No					
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Specif	— At home, farm, s	street, fec	tory, office		26f. LOC City	CATION (Street a or Town, State)	nd Number or	r Rural Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: O	N: To the best of my knowle	idge, death occurre	ad at the t	time, deta	and place, and dur	a to the car	use(a) and man	ner as stated	d. cause(a) and manner as stated.	
1 10	29b. SIGNATURE AND TITLE OF CERTIFIER			,,	J			r and piece, and			
O BE	Patrice Poplar	m MI)			A JYIY 7		-		SIGNED (Month, Day, Year)	

ANNOW, MD JHH 600 N, Not fest BAUTIMD 21205

MN, MD JH 32. REGISTRAR'S SIGNATURE This Davidson-Pandall

31. DATE FILED (Month, Day, Year) 2 9 1991



25. WAS CASE REFERRED TO MEDICAL

1 TES 2 NO

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

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mer the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	with the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	Mental Hygiene prior to burial, cremation, or removal.	nows any injury, or other traumatic event, the medical examiner must be notified at once.	
/SICIAN: The present that the death certificate be executed w	rtificate the property of the attending physic	with the State Debr. or Health and Mental Hygiene prior to burial, crematic	d, or item 23 sl	
TO THE HOSPITAL DR ATTENDING PHY	TO THE FLINERAL DIRECTOR: After this ce	be filed within 72 hours after death with	IMPORTANT: If item 28 is marke	

FOR STATE REGISTRAR		STATE OF N					IEALTH AND DEATH	M	ENTAL HYGIEN	91	2	9404	
1. DECEDENT'S NAME (First,	Middle, Lest)			CENTII	IOAIL	01	DLAIII	12	2. DATE OF DEATN			3. TIME OF DEATH	
JORGE J.		TAC							MONTH DA	7,19	YEAR Q 1	5:50 a.m.	
4. SOCIAL SECURITY NUMBER		1 A S	8 AGE /In ve	. last birthday)	IF UNDER	VEAD	IF UNDER 24 HRS.	_	7 DATE OF BIRTH			IPLACE (State or Foreign	
215-04-7520	100	1 (Å M 2 □ F	22	YRS.	MONTHS	DAYS	HOURS MIN.		(Month, Day, Year)	909	Count		
9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY,	TOWN (OR LOCATION OF	DEAT	гн	9c, COU	NTY OF E	EATH ;	
THE JOHNS I	HOPKIN	S HOSPITA	AL		BALT	CIMC	RE CITY	7		BALT	IMOR	RE CITY	
10a. STATE	10b. COUNTY	Y		10c, CIT	TY, TOWN O	R LOCAT	TION	_				10d. INSIDE CITY	
Maryland							re City		A			LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER						10	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
3518 Eller	slie A	ve.				21210					USA		
11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ONCE	If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ↑ YES 2 NO Specify: Specify:									
	EDENT'S EDU		164	Give kind of	work done d	CUPATI	ON ost of working		16b. KIND OF BUS	BINESS/IN	DUSTRY		
Elementary/Secondary (to 12 Years	0-12)	College (1-4 or 5	+)	ille. Do NOT use retired.)									
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTHER'S	NAME	E (First, Middle, Meiden	Sumeme)			
Jorge F. A	yestas						Ma	ri	a A. Rosa	les			
190. INFORMANT'S NAME (lype/Print)			19b. MAILIN	G ADDRESS	(Street	and Number or Run	ral Ro	ute Number, City or Tow	n, Stete, Z	ip Code)		
Jorge F. A	yestas			3518	Elle	ersl	ie Ave.		Baltimore	, Mid	. 2	1216	
1 Y Burlet 2 Cremetton 3 Removal from State Other place			er place)	ce of disposition (Name of cometery, cremetery or place) Judon Park Ceffictery				20c. LOCATION - City or Town, State Baltimore, Maryland					
21. SIGNATURE OF PUBLICA	KEP THE	Degue,	#: Z						efeld Hom Baltimo			21212	
	eart fellure.	complications the List only one car			not anter	the me	ode of dying, s	uch	as cerdiec or reap	retory a	rrest,	Approximata Interval Between Onset and Death	
IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nal →	· Ref	O CTC	NSEQUENCE !	ten for		Won b	4	mychocyt	ic l	eulo	enia Trusz	
		0	7 (00 00 7 00	The state of				J	0 1				

IMMEDIATE CAUSE (Final disease or condition resulting in death)	R	fractor	y terfe	Won	bymed	roaglic le	ulcem	Onset and Deat
	- b	DUE TO (OR AS A CONS	failur		00			zday
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e	Pulmon	- 1	rection	My.	h seash	ock.	ZWK
that initiated events resulting in death) LAST	d	Pulmo	rang Rev	norto-	80			20
PART II. Other significant cond	Itlons contrib	outing to death but not	t resulting in the unde	orlying cause giv	ren in Part I.	24a. WAS AN AUTOPSY PERFORMED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE

28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26d, DESCRIBE NOW INJURY OCCURED 26b. TIME OF INJURY 1 🐼 Natural 5 Pend М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

OTHER:

29e. CERTIFIER

(Chack poly)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and m 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Ony, Year)

26. PLACE OF DEATN (Check only one)

ne 5 🗆 Residence 6 🗀 Other (Specify)

296. SIGNATURE AND TITLE OF CERTIFIER D/27/81 041444 MD

dause of DEATH (TIEM 27) (1900, Print)
Recliative Onedogy GOO N. Wolfest. Baltimore, MD 21205 Kenneth T. Voohen, MD

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) OCT 3

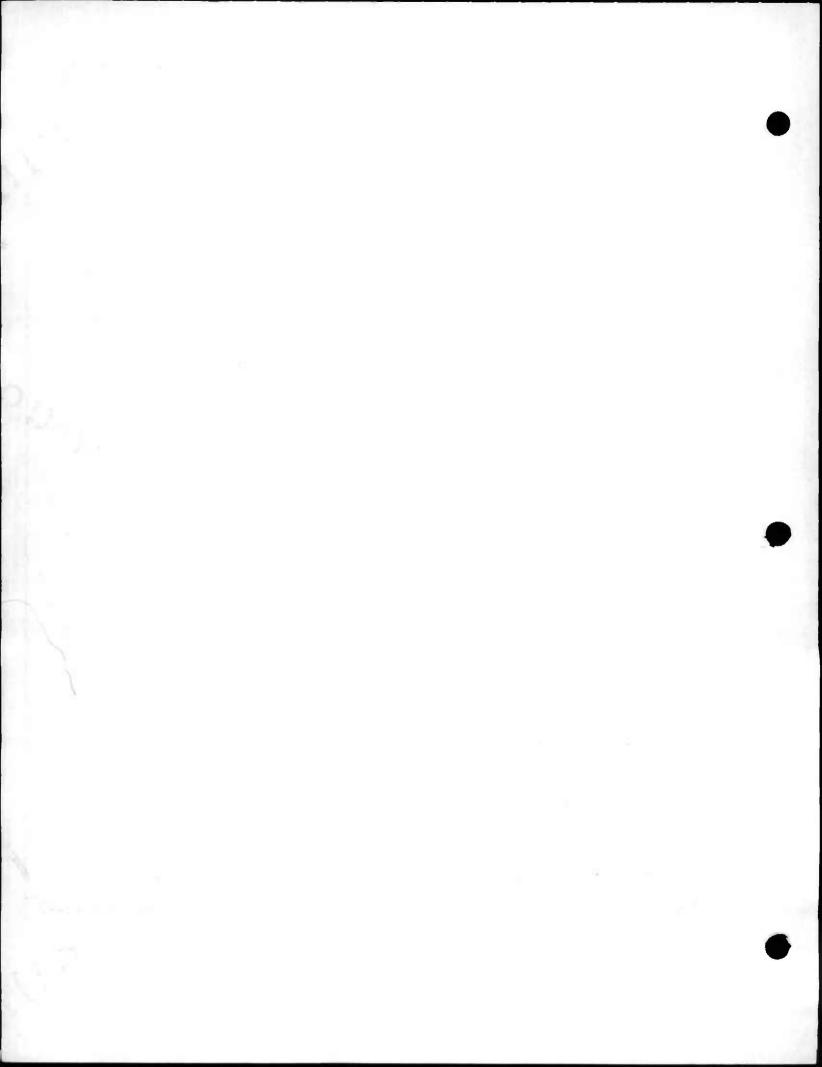
1991

chia Davidson-Randelle

HOSPITAL:
1, inputient 2 ER/Outpatient 3 DOA

OHMH-18 Rev 1/89

1 TYES 2 NO



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. BOX 68760, SION OF VITAL

permit. Pages 1, 2, 3 should bunial-transit nours after death. Page 6 may be retained by the hospital or attending physician. use as the filled in by the funeral director, page 5 should be detached for notified at Pe must examiner medicai attending physician and completely fille intal Hygiene prior to burial, cremation, the event. traumatic other 0 Health and Mental H injury, any shows a been of h Dept. 23 sh this certificate has with the State D item 6 marked. Affer death 28 is ŧ =

	91-6345-510							
FOR STATE REGISTRAR	MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
DECEDENT'S NAME (First, Middle, JOHN	DANIEL	ARMSTRONG 711 2. DATE OF DEATH	1 9					
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH (Month Day Mari						

3. TIME OF DEATH 9 YEAR 12:49A 8. BIRTHPLACE (State or Foreign YRS. 218-76-7204 25 1-2-1966 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ER-FRANCIS SCOTT KEY BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE MIDDLE RIVER 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 139 LARIAT ROAD 21220 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puario Rican, atc.) 1 YES 2 NO 8 Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-t2) College (1-4 or 5+) G.F.D SHEET METAL WORKER UNITED HVAC CO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) IOHN DANTEL ARMSTRONG 111 111 DARLENE EMMA WHITE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DARLENE F ARMSTRONG LARIAT ROAD BALTIMORE MARYLAND 21220 20s. METHOD OF DISPOSITION
1 KBurlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ☐ Donation 5 ☐ Other (Specify) SACRED HEART OF **JESUS** 10 - 31 - 91BALTIMORE MARYLAND 22, NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition resulting in death) UN DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reautting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2X XER/Outpatient 3 | DOA OTHER: XX YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 10 27 199 11:50AP 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES XX NO SUBJECT SHOT 8 investigation 2 Accident 3 Suicide 28e, PLACE OF INJURY -At home, farm, streat, factory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State) TIMORE CITY COMPLETED 8 Could not be 4 Homicide detarmined 7265, 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of ax mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 294 BIGNATURE AND TITLE OF DEST BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) up 28 OCME ▶10 1991 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10011 PENN STREET BALTIMORE, MARYLAND 21201 32 REGISTRAR'S SIGNATURE

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0.00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FUND MENULAR After this certificate has been signed by the attending physician and completely filled in by the furn	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical exam
impletely fill	. cremation,	event the
ician and co	rior to burial	traumatic
tending phys	il Hygiene pi	or other
by the att	and Menta	IV inlury.
een signed	of Health	shows an
has b	Dept.	п 23
certificate	the State	or Hen
this (h with	arked.
E After	r death	is ma
6009	rs after	n 28
È	72 hour	If Iten
EUS.	within 7	ANT
THE	filed v	PORT

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIE		29406
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	GEORGE	W.		ADAMS		10 2	7 1991	5:00P M
	4. SOCIAL SECURITY NUMBER 243-18-8100	14 M 2 □ F 7	n yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/5/191	8. BIR	THPLACE (State or Foreign intry) S.C.
~	9a. FACILITY NAME (If not institution, give :	treet and number)		9b. CITY, TOWN C	OR LOCATION OF D	EATN	9c. COUNTY OF	DEATN
DIRECTOR	HOME - 1 1 6 WEST				LTIMOR	E CITY		
	Md.	*		town on Locat	TON			10d. INSIDE CITY LIMITS? 1 #7 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1116 West Fi	canklin St.		101	21223		10g. CITIZEN OF	WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Y		CE — American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 F YES IF YES, GIVE WAR OR DA 7/43 9/4	TES	If yea, spe		an, Puerto Rican, etc.)	Sp	ick, white, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S I	USUAL OCCUPATIO	ON et of warking	16b. KIND OF B	USINESS/INDUSTRY	
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ired	or or working	Balto.	Gas / H	Electric
	17. FATNER'S NAME (First, Middle, Last) Lynn Adams	3			18. MOTHER'S NA	da Adan		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Code)	
F	Susie Adams		1116	West Fi	ranklin	St. Balto.	Md. 21	1223
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovat from State 20b.	PLACE AND DATE O	FOISPOSITION (National Polace)	me of st 10/		ocation - city or vings Mil	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D AODRESS OF FA	CILITY		
	· (Eccl)	I del	A	1300	Entaw	ers Funera Pl. Balto.	Md. 21	
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	c p	11	Dade		Approximate interval Between Onset and Death
MEDICAL	PART II. Other algorificant condition	contributing to deeth bu	it not resulting in	the underlying	cause given in		RMEO?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 \(\square\) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER.	ACE OF DEATH (Ch	, , , ,		
ΙΥS	X X YES 2 NO	1 Inpetient 2 ER/Outpe	tient 3 DOA	4 Nursing Home		8 - Other (Specify)		
BY PH	Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WOF	JRY AT RK? ES NO	28d, DEŞCRIBE HOW	INJURY OCCUREO	
<u>a</u>	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, farm, str	reet, lactory, office		28i, LOCATION (Street City or Town, State	and Number or Rural)	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle	dge, death occurred	I at the time, date i	and place, end due	to the cause(a) and me ilme, data and place, a	nner se stated.	(a) and manner as stated.
BE C	296 SIGNATURE AND PIECE CERTIFIES				29c. LICENSE NUM			O (Month, Day, Year)
10	36 HAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	TH ATPRIANCE		OC	ME	▶10	28 1991
	FRANK J. /E	Andrew Marine and	1 PENN	·	BALT	IMORE, MA	RYLAND	21201
	\$1. OATE FILEO (Month, Day, Year)	THE RESISTRAD'S SIGNAT	TURE					
	OCT 3 0 1991	Julia Davidson-A	andell					

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DNMN-16 Rev 1/89

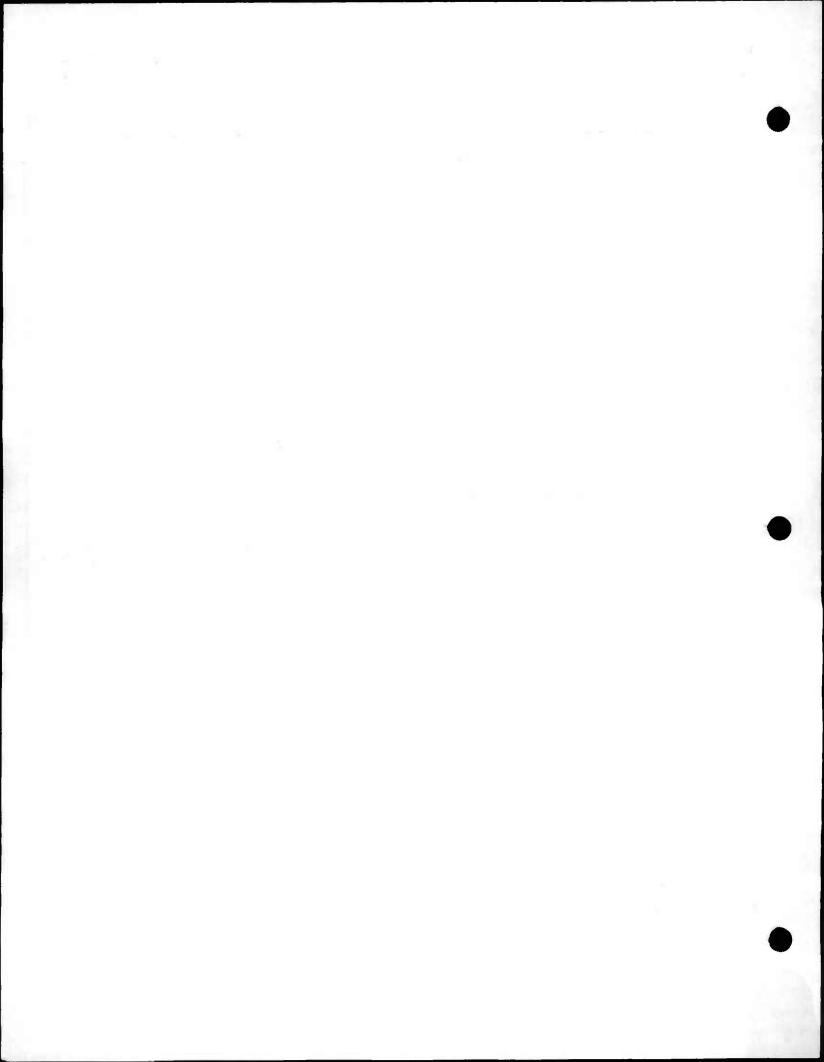
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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90,	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCCUPATION ATTENDING DEVOICION. The faut requires that the death certificate he accorded within 24 feet
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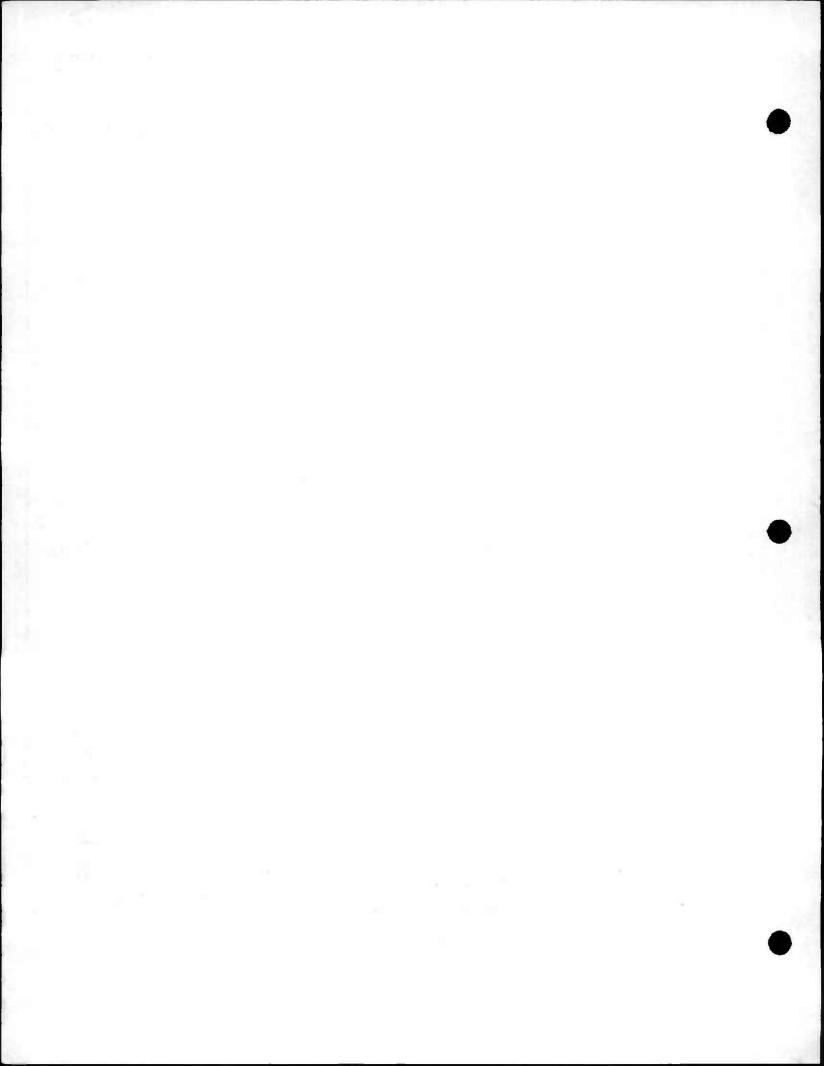
		1. DECEDENT'S NAME (First, Middle, Last) John Atkinson	1						2. DATE OF DEATH MONTH	AY E	YEAR 91	3. TIME OF DEATH	F
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	2)	8. BIRTHI	PLACE (State or Foreign	1
P		212-28-0020	1 M 2 F	80 59	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 12/26/3	1	Balt	imore	
3 should	· c	9a. FACILITY NAME (If not institution, give :						OR LOCATION OF D		9c. COU	NTY OF DE	ATH	
2,	DIRECTOR	900 Mountain R	oad			Jopp	oa,	Maryla	nd	Bal	timo	re	
Pages 1.	RE	10s. STATE 10b. COUNT			10c, CITY	, TOWN O	R LOCA	rion			T	10d. INSIDE CITY LIMITS?	_
mit. P		Maryland Balt	imore		Jo	ppa						1 YES 2 NO	
sit per	RA							ZIP CODE				HAT COUNTRY?	
physician. burial-transit permit.	FUNERAL	900 Mountain R	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. V		21085	NIC ORIGIN? (Specify Ye		USA	- American Indian,	_
	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 N	10	11	yes, sp	ecify Cuban, Maxica 2√ NO Specif	in, Puerto Rican, atc.)	W 01 140-	Black, Specify	White, stc.	
se as the	ED B	15. DECEDENT'S EDU	WW II	40. 00				^				White	
or use		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	CEDENT'S L ve kind of w Do NOT use	rork done d	CUPATIO	ON ist of working	16b. KIND OF BU	SINESS/IND	USTRY		
the hospital detached fo once.	COMPLET	12	Contage (1-4 of 5		sape	ake	Ва	y Pilot	s Assn.o	f Md	. Pi	lots	
the horderst	00	17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden				
retained by the hospital or art 5 should be detached for use notified at once.	BE	Samuel Edwin A 19a. INFORMANT'S NAME (Type/Print)	tkinson						Lillian				
oearn. Page 6 may be retained by funeral director, page 5 should be axaminer must be notified at	5	Shelia G. Atki	0000						Route Number, City or Tov			01005	
the funeral director, page oval. al examiner must be		20s. METNOD OF DISPOSITION							Joppa, M				-
rector, p		20b.PLACE AND DATE OF DISPOSITION 1 Donation 5 Disposition 2 Notice 2 Notice 2 Date											
e funeral direction		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. P	AME AN	D ADDRESS OF FA	n Funera	1 40	m o		_
he fun al.		· C.F. Massa	an Fu	non 1 H	mo	1 1	750	D Belai	r Rd. Ba	lto.	. Mo	21087	
In by rem		23. PART I. Enter the diseases, or shock, or heart failure.	de of dying, suc	h aa cardiac or reap	iretory arr	est,	Approximate						
within 24 hpletely fill cremation, rent, the		iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO	MA WI	2 P-	f h	em	ipugia.	-Aphesia	•		interval Betwe Onset and Des	
nding physician and Hygiene prior to bur other traumati	ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	and mad (OR AS A CONSEQ CLIAC (OR AS A CONSEQ	UENCE OF	gnn	es vac)) .				2 15	
een signed by the atternoon of Health and Mental shows any Injury.	O	PART II. Other aignificant condition	a contributing to	death but not re	sulting in	the unc	eriying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24h)	WERE AUTOPSY FINDING	28
ith and	EDICAL	MI. 104	nato					•	PERFOR	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE	
or sign	ME	CVA SIPN	17									OF DEATH?	
as be Dept. 1	Ž												
prificate has he State Deg	ici)	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
certification the	PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I		28b. TIME		8c. INJU		8 Other (Specify) 28d. DESCRIBE HOW I	N IIIBY OCC	UDED		_
fter this c eath with marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Yoar)	INJU	RY M	WO		200. DESCRIBE NOW I	NJUHT OCC	UNED		
R: After dea		3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At hone	10, farm, at	reel, fecto	y, office		281. LOCATION (Street of City or Town, State)	and Number	or Rural Ro	ute Number,	_
DIRECTOR: hours after item 28 i	ETE	4 Homicide determined							Only or lown, State)				
NERAL DI Thin 72 ho	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSII 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, dea amination and/or in	th occurred	st the tin	e, data inion, de	and piece, and due	time, data and place, an	ner se state	od. • cause(s) :	and menner ee stated.	
TO THE FUNER OF filed within	BE	296. SIGNATURE AND TITLE OF CERT IL						29c. LICENSE NUM	IBER			Aonth, Day, Year)	-
№ 63 5	2	044						D1871:	24	10	0-25	5-91	
10		B.D. PAREK		1908	27) (Type, F	RFOR	D	RD FAC	LSTON 1	MD.			
(m		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE			_						
		UCT3 0 1991	Julia Davids	on-Handell									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



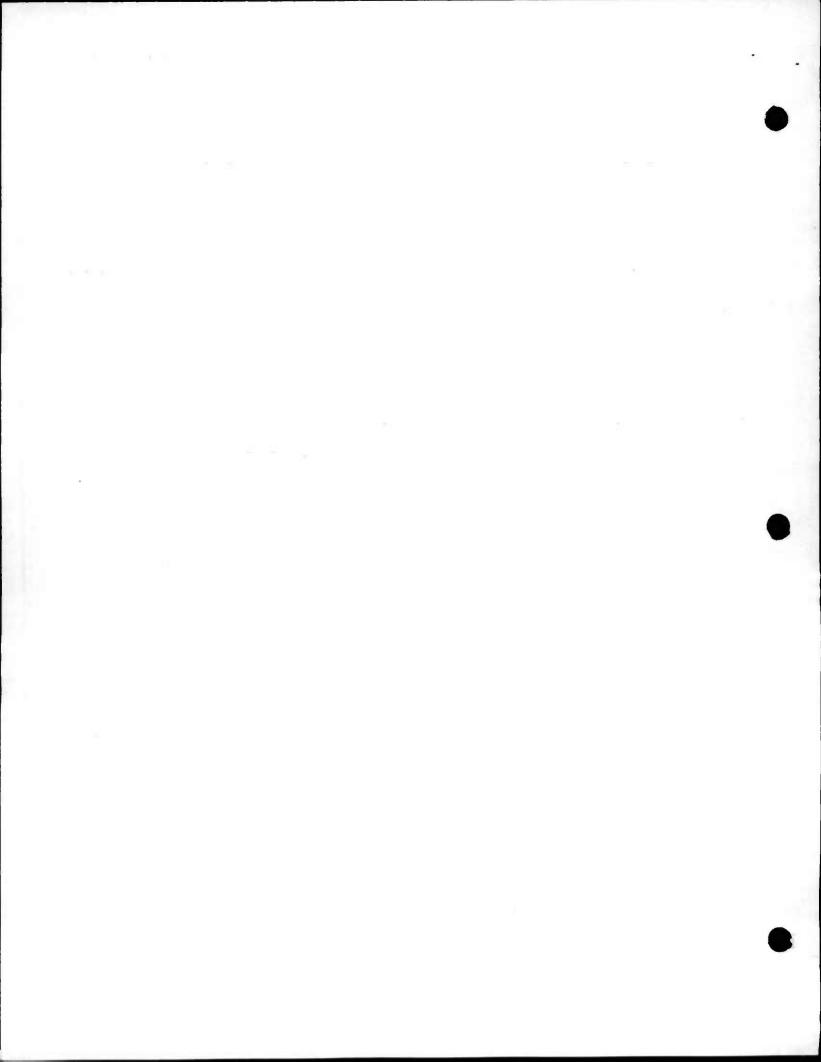
BALTIMORE, MARYLAND 21215-0020	micIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITE DESTITE TO PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE PUREDAL CARELLES AND THE CONTINUE HAS DOES SIGNED BY The attending physician and completely filled	be filed within 77 hours after oseth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, L.	on LITTLE TAM DOINE		ENT OF HEALTH AND ATE OF DEATH		i. NO.	3. TIME OF DEATH	
· lu	" WILLIAM BODE	6	DDE	MONTH 10 - 2		YEAR 1:05 P	
4. SOCIAL SECURITY NUMBER	/ /		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	bar)	BIRTHPLACE (State or Foreign Country)	
9e. FACILITY NAME (If not institution, g			CITY, TOWN OR LOCATION OF	Sept.29		Germany TY OF DEATH	
			Towson		11/	.County	
St. Joseph's RESIDENCE OF DECEDENT 100. STATE 100. COL		10c. CITY. TO	OWN OR LOCATION			10d. INSIDE CITY	
Md.	Harford		lAir			1 YES 2 NO	
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
32 Tolchester	Lane 12. WAS DECEDENT EVER	11.11.0 1.011.00		014		USA	
1 Never Married 2 Merried Married 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexi- 1 YES 2 X NO Spec	can, Puerto Rican, e	N? (Specify Yee or No— Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12)		16a. DECEDENT'S USL (Give kind of work	done during most of working	16b, KIND	OF BUSINESS/INDL	ISTRY	
Elementary/Secondery (0-12)	College (1-4 or 5 +)	ille. Do NOT use re	Butcher		Meat Com	nany	
17. FATHER'S NAME (First, Middle, Last		1		IAME (First, Middle, I		ipariy	
AND INCOMMANTIC MANE (To China	Carl Bode		Berth	a			
19s. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or Run				
William Bode 20s. METHOD OF DISPOSITION	Γ.	32 To1c	hester Lane,		d. 21014		
X Buriet 2	Ramoval from State	of cometary, crematory or c Pinelawn M	ther place)	1		ng, New York	
21. SIGNATURE OF TUNERAL SERVICE		TIMETAWN	22. NAME AND ADDRESS OF	FACILITY			
Thomas Jos			Mitchell-Wi 6500 York R				
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. The cause on	A CONSEQUENCE OF):	i			interval Betwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	¢	A CONSEQUENCE OF):					
resulting in deeth) LAST	d						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC	itions contributing to death	but not resulting in t	he underlying cause given	,	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA			26. PLACE OF DEATH (Check only one)		1	
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER: Nursing Home 8 Residence	WE 32	lfv)		
27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	F 28c. INJURY AT		HOW INJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigat	ion		M 1 YES 2 NO				
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	be building, etc. (S	RY — At home, farm, stre- pecify)	et, factory, office	281. LOCATION City or Town		or Rural Route Number,	
anal only			it the time, date and place, end on my opinion, death occured at t				
2 MEDICAL EXA	and the second						
	IFIER		29c. LICENSE N			SIGNED (Month, Day, Year)	
296. SIGNATURE AND TITLE OF CERT	N 10	w.m.D	- 11-15	120	> /	0/25/91	
296. SIGNATURE AND TITLE OF CERT	N 10	DEATH (ITEM 27) (Type, Pr	1 2515	120	HOSPIT.	0/25/9/ DL, TOWSON,	



TO THE HOSTIAL OR ATT MORE FIRST LAW: The law requires that the death certificate be executed within 24 hours after of TO THE FLINETH. CHRECHOLOGY are in criticate has been signed by the attending physician and completely filled in by the Ibe flow within 72 local are offered filled in by the Ibe flow within 72 local are offered filled in by the Ibe flow. Or the flow of the Ibe fl			-0
IN OR AT A CASE BAYS DAN: The law requires that the death certificate be executed within 24 hours aft CINECTUM. CINECTUM. THE CASE AND A COMPLETE BY THE AUGUST OF THE A	8	the state	le.
If the form that is located within 24 hours that the death certificate be executed within 24 hours the control of the standard of the standing physician and completely filled in the standard of the standard hydrene prior to burial, cremation, or re-	E .	3	af
IN OR AT INCIPATIONS TAN. The law requires that the death certificate be executed within 24 no UNECTOR THE THE TRICKLE OF STATE OF THE ATTENDING physician and completely filled Exercise The State Dept. of Health and Merital Hyglene prior to burial, cremation, or	2	.5	Sign
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LOFATE AND STATES TANK The law requires that the death certificate be executed. CINECTUM and continued by the attending physician and continued by the attending physician and continued by the attending physician of the continued by the attending physician and continued by the attending physician and continued by the continued b	7	E	20
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IL OR AT INCIRE PROSTANIS. The law requires that the difference in the control of the state bear signed by the state bear of Health and Mer.	Ital	atte	eat
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	FOR STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAR	RTMENT	OF H	IEALTH AND DEATH) MENT	TAL HYGIEN		6	3403
	1. DECERFINT'S NAME (First, Middle, Lest)	PETER	JOHN B					MO	TE OF DEATH	Ž8, 1	991	3. TIME OF OEATH 7:30A
	4. SOCIAL SECURITY NUMBER 213-09-7050 9a. FACILITY NAME (# not institution, give st	5. SEX	6. AGE (In yrs. la		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF	7. DAT	TE OF BIRTH onth, Day, Year))-19-19		6. BIRTHP	ARYLAND
DIRECTOR	Maryland Genera	INTY OF DEA	ATH									
	MARYLAND 106. STREET AND NUMBER	r		10c, CIT	ry, town or BA	LTI	MORE CI	ITY				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	810 S. CURLEY STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A.											
B√	1 Never Married 2 X Married 3 Wildowed 4 Divorced	PANIC ORIG Ican, Puart Ically:	GIN? (Specify Ye. to Rican, aic.)	n or No—	14. RACE - Black, Specify:	- American Indian, White, atc. WHITE						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12) 10 VEARS	CATION completed) College (1-4 or 5+) N/A	(0	Give kind of a le. Do NOT us		iring mos	st of working	1	ISB. KIND OF BU			211000000000000000000000000000000000000
	17. FATHER'S NAME (First, Middle, Last)			Shee	I MEI	AL			t, Middle, Malden	Sumame)		CONDITIONIN
TO BE	ANDREW JOHN BORK						nd Number or Rura	al Route Nu		vn, State, Zip	Code)	
1 100	AGNES M. BORKOSKI 20e. METHOD OF DISPOSITION 1 Mouriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CARDENS) OF FAITH CEM. 10-31-91 BALTIMORE, MARYLAND 21224 20c. LOCATION - City or Town, State BALTIMORE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICE	V. to	hy		UÜDĂ 7	-RU	CK FUNE WISE A	RAL VENU	HOME OF	F DUN	DALK	INC. 21222
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute & Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Methicil Into Resistant Staph—aureus sepsis DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF):											
-	that initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus PERFORMEO? AMALABLE PRIOR TO											
PHYSICIAN: MEDICA									1 TYES 2	₩ NO	0	COMPLETION OF CAUSE OF DEATH? YES 2 X NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:		S Realdence					
ву РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	NJURY	26b. TIME	E OF 28 URY	Bc. INJU WOR	RY AT	_	EŞCRIBE HOW II	NJURY OCC	UREO	
8	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF I building, etc	INJURY — At ho c. (Specify)	me, farm, a	treet, factory	r, offica		281. LO	CATION (Street a by or Town, State)	and Number	or Rural Rou	ite Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	R: On the beels of axen	y knowledge, de mination and/or	ath occurre	d at the time	i, data a	nd piece, and du	ie lo the ci	ause(a) and men ta and placa, an	iner as state	ed. a ceuse(a) a	ind manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	Namm	OUV.				29c. LICENSE NU	MBER				fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print) Mary1	and	n/a Genera	1 HO	enital	10	/28/9	1
	31. DATE FILED (Month, Day, Year) OCT 3 0 1991	32. REGISTRAR'S	s signature				Cenera	I IIO	Shrear	-:-		



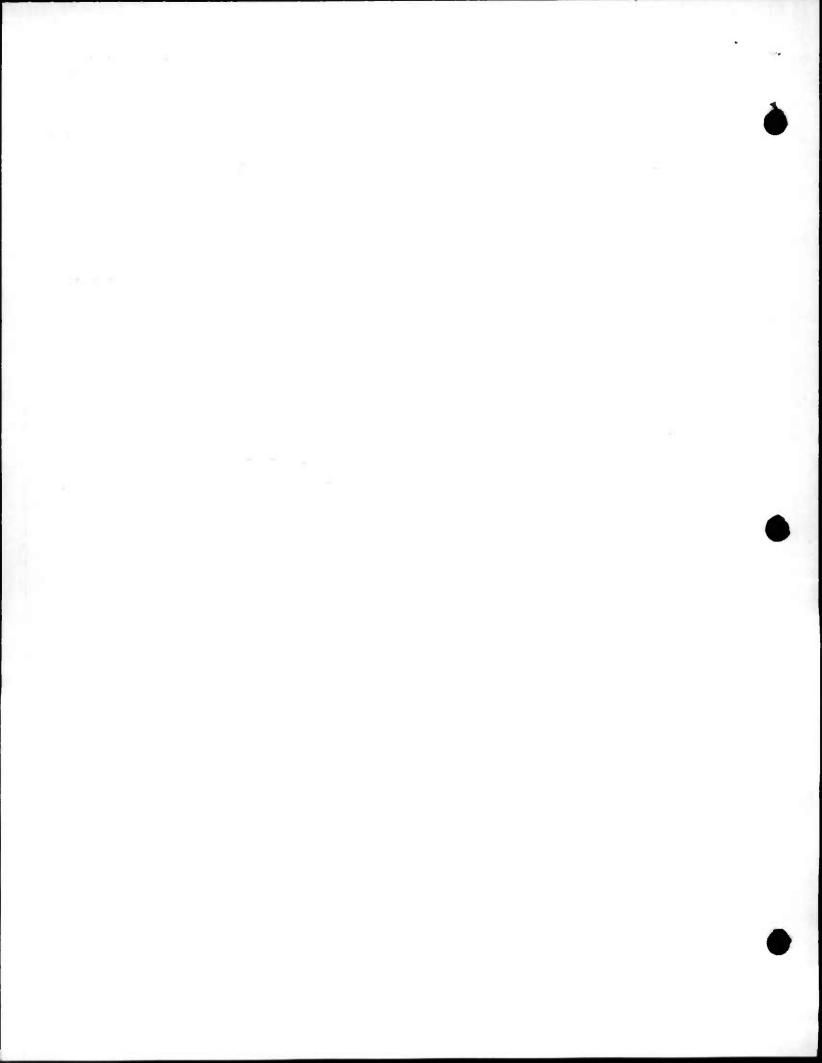
1 - STATE REGISTRAR

1. OECFPENT'S NAME (First, Middle, Last)

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	1. OECFPENT'S NAME (First, Middle, Las	st)	14				2. D	TE OF DEATH		3. TIME OF OE			
MONTH										10 28 9 3:48 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last b	irthday) IF UN	DER 1 YEAR	IF UNDER 24	14.1	TE OF BIRTH	8.	BIRTHPLACE (State or			
	212-07-7078	1 M 2 □ F	75	YRS. MONTH	B DAYS	HOURS		-3-1916		MARYLAND			
_	9. Earne ITY NAME III not institution, giv	re street end number)		9b. C	ITY, TOWN	OR LOCATION	OF DEATH	2 1 21 0	9c. COUNTY				
	FRANCIS SCOTT K	EY MEDICAL CE	MTER		BAL	TIMORI	E CITY						
	10a. STATE 10b. COU			10c. CITY, TOW						Last mores on			
	MARYLAND B	ALTIMORE					LLV			10d. INSIDE CIT			
1	10a. STREET AND NUMBER	ALT INIUKL			10	DUNDA 1. ZIP CODE	ALK.		10a, CITIZEN	1 TYES 2 TO OF WHAT COUNTRY?			
Į	1414 DELVALE AVI	FNUF					212	22		II C A			
	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARME	D 1	3. WAS DEC	CENDENT OF	HISPANIC OR	GIN? (Specify Ye	a or No- 14.	RACE — American Inc Black, While, etc.			
11. MARITAL STATUS 1 Never Married 12. Wiss DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 (1)NO IF YES, GIVE WAR OR DATES 13. Widowed 4 Divorced 14. RACE — Black, W? Specify: Specify:													
2	15. DECEDENT'S EI	DUCATION	T 18a DECE	DENT'S USUAL	OCCUPATI	011				WHI			
	(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give	kind of work dor	ne during mo			16b. KIND OF BU	SINESS/INDUST	RY			
		55.13g5 (1-7 5) 5 7 y	RKER		MAD	TIN MAI	DIETTA						
	17. FATHER'S NAME (First, Middle, Last)			ZOUCITO	AV WO	1	R'S NAME (Fin	IVIFAK at, Middle, Meiden		KLELIA			
	CARL BECKER					7.5	RENE F	RIDEI					
_	19a. INFORMANT'S NAME (Type/Print)		19b. k	AILINO ADDRE	SS (Street	and Number or	Rural Route N	umber, City or Tow	n, State, Zip Coo	ie)			
2	RUTH BECKER		141	4 DELV	ALE	AVENUE	BA	LTIMORE	MARY	LAND 212			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re	emoval from Stale Co	emetery creme	tory or other plac	and I		OATE 20c. LOCATION — City or Town, State						
1 N Buriel 2 Cremetion 3 Removal from State 1 Donation 6 Other (Specify) A Donation 6 Other (Specify) A Donation 6 Other (Specify) A Donation 6 Other (Specify) BALTTI													
	22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDA												
Ų	(poh!	V, Tres	7	17	922 1	UTSF A	UFKILLE	DUND	ALK MO	01000			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final			0.1						Onset an			
	disesse or condition resulting in death)												
		DUE TO COR AS		NCE OF):									
	Sequentisity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
	cause. Senter UNDERLYING												
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN												
EDICAL	Diabetes Mellity Performed?												
	Chronic !	Long / failu	1 YES 2 NO OF					OF DEATH?					
Σ					1 YES 2								
7 11	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DEAT	TH (Check only	one)					
3	1 YES 2 NO	HOSPITAL:	tpatient 3 🗆	DOA 4 N		e 5 🗆 Resid	ence 6 🗆 Ot	her (Specify)					
13161	T TES 2 NO	28e. OATE OF INJURY	21	Bb. TIME OF	28c, INJ WO	URY AT	28d, D	ESCRIBE HOW II	NJURY OCCURE	D			
	27. MANNER OF OEATH	(Month, Day, Year)		M			10	28d. DESCRIBE HOW INJURY OCCURED					
		(Month, Day, Year)				rES 2 N	homa, Isrm, atreet, factory, office 26f. LOCATION (Street and Number of						
- 10	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not by	(Month, Day, Year)	IY — At home,				261. L	OCATION (Street e ty or Town, Stete)	and Number or R	ural Route Number,			
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spe	вспу)	larm, atreet, fa	ctory, office			ty or lown, Stete)		ural Route Number,			
	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spe	wiedge, death	Isrm, atreet, fa	ictory, office	end place, en	d due to the	ty or lown, Stete)	ner as stated.				
	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spe 'SICIAN: To the best of my know NER: On the beste of examination	wiedge, death	Isrm, atreet, fa	ictory, office	end place, en	d due to the	ty or lown, Stete)	ner as stated.				
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to be completed by this ician	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 20b. SIGNATURE AND TITLE OF CERTIFIER	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spr /SICIAN: To the best of my know NER: On the beste of examination	wiedge, death on end/or inve	lerm, atreet, fa	time, date	end place, en eath occured	at the time, di	suse(e) end man	d due to the cer	use(e) end menner ee : INEO (Month, Day, Year) 28 [9]			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



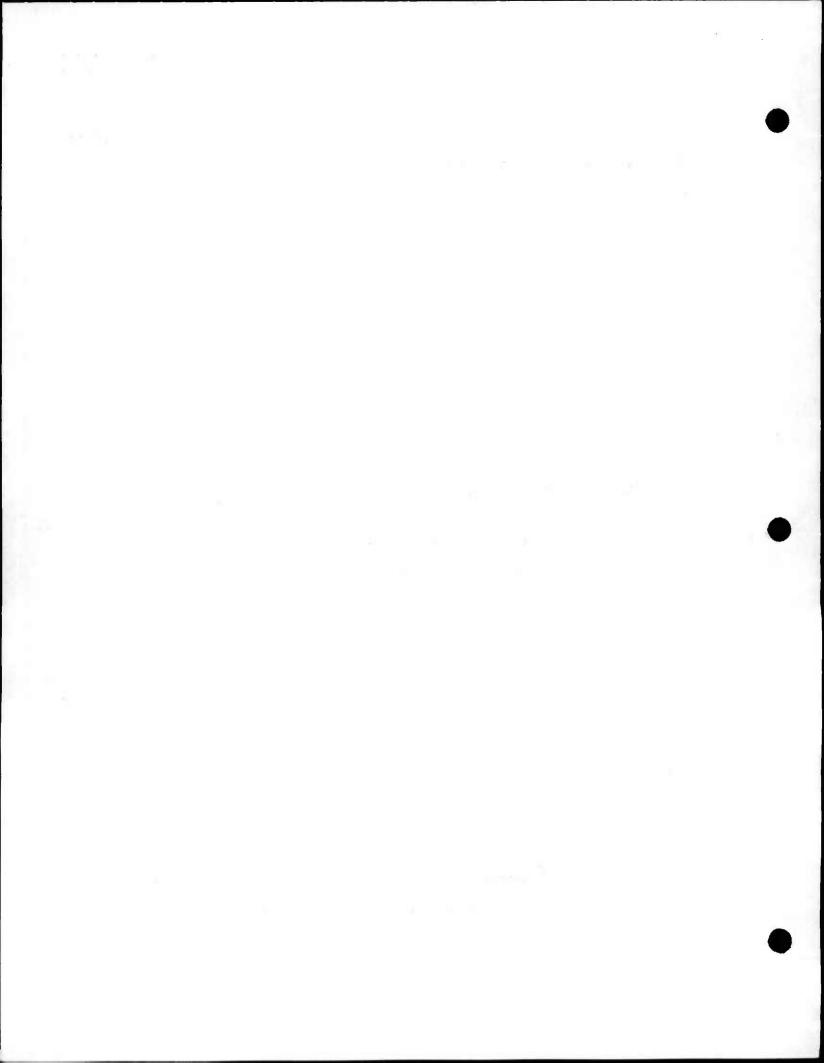
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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www.retuires.t	ate was been signed	A. A
AN: Commenter of the series of	ificate nes beer signet	A
IOAN: En way re Lires t	certificate mes been signed	A. Marie A. C
PHYSICAN: The Taw repaires of	this certificate has been signed	111
G PHYSICAN: Charge re pires of	er this certificate was been signed	
VDING PHYSICIAN: Common requires of	: After this certificate was been signed	The same of the same of the same of
TENDING PHYSICAN: The tow requires t	OR: After this certificate was been signed	The same of the same of the same of
ATTENDING PHYSICAN: The tow requires t	ECTOR: After this certificate was been signed	100 TO 10
OR ATTENDING PHYSICAN: CALLOW requires !	DIRECTOR: After this certificate was been signed	10 10 10 10 10 10 10 10 10 10 10 10 10 1
TAL OR ATTENDING PHYSICAN: The law re Lires I	AL DIRECTOR: After this certificate was been signed	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
SPITAL OR ATTENDING PHYSICAN: The Taw requires to	IERAL DIRECTOR: After this certificate was been signed	
HOSPITAL OR ATTENDING PHYSICAN: The way requires to	FUNERAL DIRECTOR: After this certificate and been signed	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
THE HOSPITAL OR ATTENDING PHYSICAN: The Wires I	THE FUNERAL DIRECTOR: After this certificate was been signific	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
THE HOSPITAL OR ATTENDING PHYSICAN: TO THE HOSPITAL OR ATTENDING PHYSICAN:	THE FUNERAL DIRECTOR: After this certificate was been signed	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
TO THE HOSPITAL OR ATTENDING PHYSICIAN: Committee that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate was been significated and	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -

		1. DECEDENT'S NAME (First, A								2. DAT	E OF DEATH	DAY_	YEAR	3. TIME OF DEATN
		PAUL 4. SOCIAL SECURITY NUMBE		LMIRA BR							[™] 25–19	91		1724
		212-36-3		1 M 2 F	6. AGE (In yrs.	vrs.	MONTHS D	EAR AYS	IF UNDER 24 HRS. HOURS MIN.	(Moi	th, Day, Year)	1012	Country	
3 should		Ba. FACILITY NAME (If not inst	-	street and number)	, ,		June 5,				_	Mar ITY OF DI	yland	
۲,	DIRECTOR	PENINSULA GEN		HOSPITA	<u> </u>		SA	LIS	SBURY, M	D		WIG	COMT	20
ges 1,	EC.		10b. COUNT	У		10c, CIT	Y, TOWN OR I	LOCATI	ION					10d. INSIDE CITY
£. ₽.		Delaware	Suss	ex Count	У	ЬW	11sbo	ro					LIMITS?	
t perm	FUNERAL	10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITI	ZEN OF W	NAT COUNTRY?
-transi	NE I	1116 Maple	Leaf	Rd.	W. E. W. E. W. C.			L	19966			US.		
the burial-transit permit. Pages	BY FL	1 Never Married 2 🔀 M 3 Widowed 4 Divorce			YES 2 X		If ye	s, spe	ENDENT OF HISPAI city Cuban, Mexice 2 X NO Specif	ιπ, Puerto	IN? (Specify Ye Rican, atc.)	s or No	14. RACE Black Specifi	— American Indian, , White, atc. y:
8 6	ED I	15. DECED	DENT'S EDU	CATION	16a. I	DECEDENT'S	USUAL OCCU	IPATIO	M	140	b. KIND OF BU	ICINIFOC IIVID	I CT TO	White
for use	H	(Specify only h		College (1-4 or 5		(Give kind of the. Do NOT u	work done durli	ng mos	at of working	"	o. KIND OF BU	ISINESS/IND	USINY	
ched	COMPLET	12 years			Nu	rsery	Worke	er			Fairla	nes		
e detach	_	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname)												
Ned a	BE	Clarence Le		razier	1.	ION MAIL INC	ADODESO (O		Amelia					
supreculty the aftending physician and completely filled in by the funeral director, page 5 should be detached Health and Mental Hygiene prior to burial, cremation, or removal. was any fillury, or other traumatic event, the medical examiner must be notified at once.	5	Mr. Charles	E. Br	ough, Sr					af Rd.		lsboro		19	966
ector, pa		20e. METNOD OF DISPOSITION 20e. METNOD OF DISPOSITION 20e. METNOD OF DISPOSITION 20e. METNOD OF DISPOSITION 20e. METNOD OF DISPOSITION Date Comment												
aral dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE A												
he fun val.		John	KI	tyne	14				iberty F					
remo		23. PART I. Enter the disc shock, or hea	easea, or c	complications the	it caused the d	death. Do r	not entar the	mod	is of dying, suc	h as car	disc or resp	Iratory sm	est,	Approximate
the m		IMMEDIATE CAUSE (Final Onset and Das												Interval Between Onset and Death
cremi														
burial,	NO	Sequentially list conditions, B. Co RONARY BYPASS SUR GERY DUE TO (OR AS A CONSCOUENCE OF):												
ician a	CERTIFICATION	Sequentially list conditions, If any, isading to immediate Cause. Enter UNDERLYING												
g physiene p	IFIC	CAUSE (Disesse or injury that initiated events		DUE TO	(OR AS A CONS	EOUENCE OF	T):							
al Hyg	ERT	reaulting in death) LAST		d										
Menti Menti		PART II. Other significant	condition	a contributing to	death but not	resulting	n the under	lvina	cause given in	Part I	24s. WAS AN	AllTORCY	1 045	WERE AUTOROUS ENGINEER
shows any fillury, o	EDICAL	SEPSIS						.,9	cause given in	rait i.	PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Healt	MED	ISCHEMIC RIGHT LOWER LER											OF DEATN?	
Sept Sept										_				1 123 2 5 10
Tate Dept	PHYSICIAN	25. WAS CASE REFERRED TO N EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	8. PLA	ACE OF DEATH (Che	eck only o	ne)			
the the	17S	1 YES 2 NO		1 Inpatiant 2			4 - Nursing	_	5 🗆 Residence	6 🗆 Oth	nr (Specify)			
DIRECTOR: After this cert hours after death with the item 28 is marked, or	ву рь	1 Natural 5 Per	nding restigation	26a. DATE OF (Month, D	ay, Year)	26b. TIM INJ	URY	WOR YE		28d. DE	SCRIBE NOW I	NJURY OCC	URED	
DIRECTOR: At hours after de item 28 is r	ED		uld not be termined	26s. PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm, a	treet, factory,	offica		281. LOC	CATION (Street of Town, State)	and Number (or Rural Ro	ute Number,
hours	ZE.	29a. CERTIFIER (Check only	YING PNYSK	CIAN: To the best of	my knowledge d	leath occurre	of at the time	data a	and place and dis-					
to the puneral, be filed within 72 h	COMPLET	one) 2 MEDICA	L EXAMINE	R: On the besis of e	xamination and/or	Investigatio	n, in my opink	on, de	ath occured at the	time, date	use(a) and mar and place, an	nner as atele	d. cause(a)	and manner as stated.
PORT V	BE	29b. SIGNATURE AND TITLE OF	F CERTIFIER	n.l.		MA			29c. LICENSE NUM					Month, Day, Year)
2 8 ₹	2	30. NAME AND ADDRESS OF P	ERSON WH	COMPLETED CAN	E OF DEATH	MD	4		3 42	93		> 10	0/25	191
		NICHOLAS C. O						w	EST SA	LISE	URY V	uD.	218	01
1		31. DATE FILED (Month, Day, Year		32. REGISTRA	R'S SIGNATURE			-				- 1 - 1		
5	- 1	00120 1331	Ju	AND ADMALTON	N. Comment									

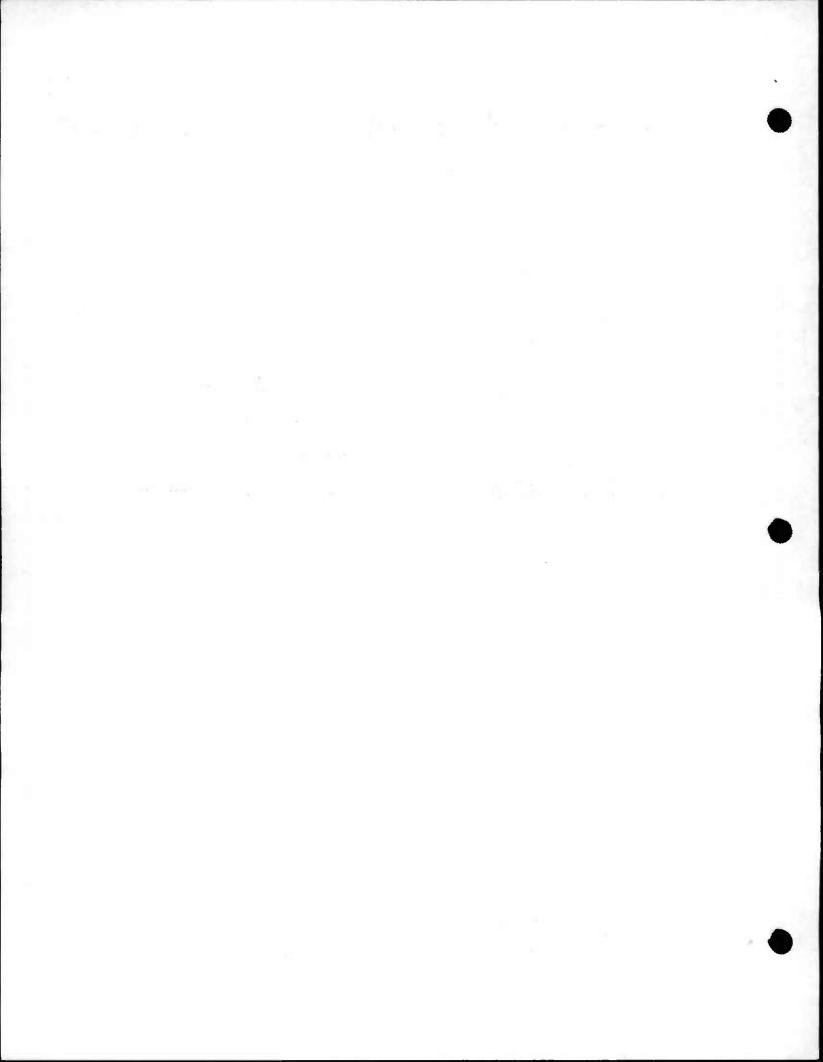
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		T OF HEALTH AND I	WENTAL HYGIENE REG. NO.	91 2	9412			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	- M.	BLUM		2. DATE OF OEATH MONTH O DAY	7 91	TIME OF DEATH			
		□ M 2 X F 85	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) 4-23-1906	Country) Mich				
5	Baltimore County Go	******		y, town or Location of or andallstown			ounty of DEATH altimore County			
Sul	10a. STATE 10b. COUNTY	ore County	10c. CITY, TOWN Woodla			1	d. INSIDE CITY LIMITS? U YES 2 KMO			
	10e. STREET AND NUMBER			101. ZIP CODE	10	g. CITIZEN OF WHA	T COUNTRY?			
	1 Never Married 2 🔀 Married	• 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 100	21207 WAS DECENDENT OF HISPAR If yes, specify Cuban, Maxics 1 Yes 2 NO Specif	n, Puarto Rican, etc.)	USA 14. RACE — Black, W Specify:	American Indian, /hita, atc.			
3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (She kind of working life.) (She kind of working life.) (She kind of working life.)										
	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Homemaker	,						
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Raymond 18. MOTHER'S NAME (First, Middle, Maiden Surname) Brady										
2	19a. INFORMANT'S NAME (Type/Print) Mr. Paul A. Blum			ss (Street and Number or Rural			7			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove	al from State of ce	PLACE AND DATE OF DIS	POSITION (Name	DATE 20c. LOCATI	ION — City or Town				
	4 Donation 5 Other (Specify)	Me	2:	lem. Park 10-	CILITY					
	· Joseph J.W	Kellne		Loring Byers 3728 Liberty						
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition		ch line.	PAIU @	_	ory srreat,	Approximete Interval Between Onaet and Death			
	resulting in death) s.	DUE TO (OR AS A	CONSEQUENCE OF):	LT-						
A I I O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):							
ERIFICATION	CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	DUE TO (OR AS A (CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PENAU INSUPPLEITENCY, CAB, PUD 1 yes 2 No 1 yes 3 No										
Z Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	neck only one)					
PHYSICIAN:		1 Inpetient 2 ER/Outpe	tient 3 DOA 4 N	ursing Home 8 - Residence		IRY OCCURED				
27. MANNER OF CEATH 1										
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, farm, street, fi y)	actory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Rou	te Number,			
COMPLEIED	const. oray			time, data and place, and du y opinion, death occured at the			and menner as stated.			
IO BE C	296. SIGNATURE AND TITUE OF CERTIFIER	LLG		29c. LICENSE NU	MBER 21	A CONTRACTOR OF THE PROPERTY O	fonth, Day, Year)			
	36. NAME AND ADDRESS OF PERSON WHO	BCGH, 1	CAN DA	MSTOW	N, MO	2113	7			
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGNA	TURE							

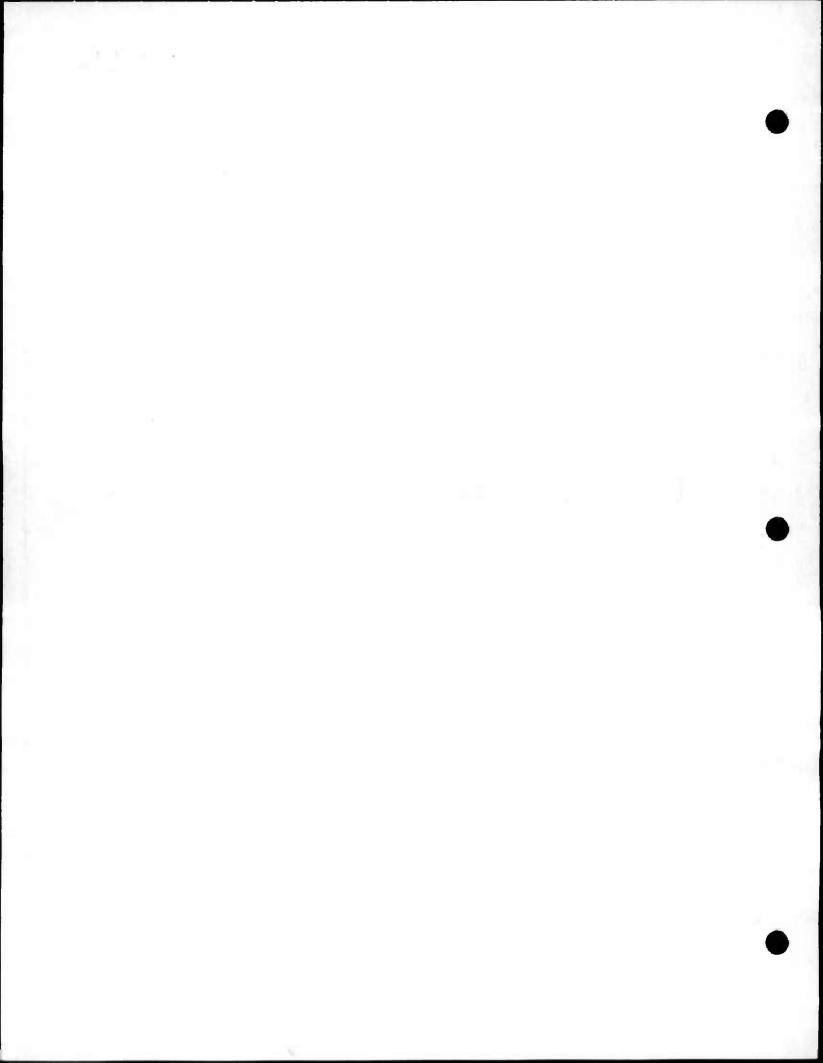
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RECO	requires
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a
ISION	TTENDING
2	H.
ב	OSPITAL C

_	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND I	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last	Susan Iri	ls I	BOSTIC			5, 199	YEAR	OF DEATH	M			
	4. SOCIAL SECURITY NUMBER 216-50-0931	1 🗌 M 2 🔀 F	(In yrs. lest birthday) 45 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 10.	1946	BIRTHPLACE (Country)					
CTOR	98. FACILITY NAME (If not institution, give Franklin Squa				OR LOCATION OF DE ROSSVILLE			y of DEATH MOTE O	ounty				
DIREC	10a. STATE 10b. COUN	BAltimore	10c. CIT	Y, TOWN OR LOCA ES	SEX			LIA	BIDE CITY AITS? ES 2 NO	_			
FRAL	700 Middlesex	Road		10	or. ZIP CODE 2122]	L		N OF WHAT COUSA					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 🗆 Жо	It yes, s	CENDENT OF HISPAN pecify Cuban, Maxical 3 2 NO Specify		a or No — 14	Black, White, Specify:	etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Gave kind of work done during most of working life. Do NOT use retired.) Billing John Hopkins												
BE CO	17. FATHER'S NAME (First, Middle, Lest) John Bostic 18. MOTHER'S NAME (First, Middle, Melden Surname) Bernice Wyatt 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Ann Lockwood	e Md.	21221										
	20). METHOD OF DISPOSITION A Burlai 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cramation) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. Meadowridge Cemetery 10/28/91 BAltimore Md.												
	23. PART I. Enter the disagnet, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, intercel Between												
	23. PAHI I. enter the disease a, prehicular in the disease and in the disease prediction resulting in death)	a. Renal Carc	ach lina.		ode of dying, such	a a cardiac or reap	Iratory arrest	Int	pproximate tarvai Batwee neet and Dae				
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Pulmonary Metastasis DUE TO (OR AS A CONSEQUENCE OF): c. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): d.												
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b.									S			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che					_			
ву РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TJM	E OF 28c. INJ	IURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	RED					
ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, a	street, factory, offic	•	26f. LOCATION (Street : City or Yown, State)	and Number or I	Rural Route Num	ber,				
COMPL	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS 2 MEDICAL EXAMIN	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
TO BE O	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	en MO.			29c. LICENSE NUM	BER	29d. DATE SI	1GNED (Month, D	lay, Year)	-			
	Shirnett K. W		9000		n Square	Drive B	altimo	ore, MD	2123	7			
	OCT 3 0 1991	Julia Davidson											



use as the burial-transit permit. Pages 1, 2, 3 should

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funeral director, page 5 should be detached

BY FUNERAL DIRECTOR

COMPLETED

BE 2 91-6327-510

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1	TO THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a	

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

27. MANNER OF DEATH

5 Pending Investigation

6 Could not be

determined

2 X MEDICAL EXAMINER: On th

1 Natural
2 Accident

3 Suicida

4 Homicide

29a. CERTIFIER

91-6327- FOR 1 - STATE REGISTRAR	510	STATE OF	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND I	MENTAL	HYGIEN REG. NO		2	9414
1. DECEDENT'S NAME (First	, Middle, Last)	JOHN	99h						2. DATE C	F DEATH		3	. TIME OF DEATH
David		J.		Roi	anow	c le i			1 O	26	AY 199	YEAR	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER	24 HRS.	7. DATE O	E BIRTH	- / /	I 64	ACE (State or Foreign
213-88-6196		XX M 2 □ F	27	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	Day Year)	963	Country)	Maryland
9a. FACILITY NAME (If not in	stitution, give s	ireet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF DEA	
J.L. Deat	on Ce	nter			Bal	tin	ore						
10s. STATE Maryland	10b. COUNTY				ry town o		TION						Od. INSIDE CITY LIMITS? XXYES 2 \(\text{NO} \)
10e. STREET AND NUMBER						10	. ZIP COD				10g. CITIZ		AT COUNTRY?
2909 Wh.	itney	Ave.						2121	5			U.S	.A.
11. MARITAL STATUS XX Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. / VES 2 X MAR OR DATES	NO	13.	WAS DEC	ENDENT Cook	of HISPAN In, Maxica Specify	IIC ORIGIN? n, Puerto Ri	(Specify Yearn, atc.)	or No-	14. RACE — Black, V Specify:	American Indian, White alc. White
15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON set of working		16b.	(IND OF BU	SINESS/INDL	JSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of ite. Do NOT u Self	se retired.) Emp		_	9		Car	penter	•	
17. FATHER'S NAME (First, M Richard		ephen B	ojanows	ki			18, MOT		ME (First, Mi	ddle, Maiden A .	Sumame) Ardol	Lino	
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number	or Burni F	Pourte Numbe	e City or Tou	n, State, Zip	Cadal	
Niccola A.	Bojan	owski		Sam	ne As	#10)		TOURS THEIT DO	, only or low	n, State, Zip	GOO!	
20a, METHOD OF DISPOSITI	n 3 🗆 Rame (Specify)		20b. PLAC cemetery, c	ey Va	of dispos	ition (Na Men	meol 1. Ga	rds.	10-2	20c. LO	cation – c	Hy or Town	, Stete Maryland
21. SIGNATURE OF FUNERA					22.	NAME A	O ADDRES	SS OF FAC	CILITY				
> Wall			obe 8	h.	110	50 V	ork	Doad	Tota	rcon	Md. 2	1204	
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sait isiiure.	. #EAD	ise on each ili	18. RY	not satsr	ths mo	ds of dyl	ng, aucl	aa cardle	c or rasp	rstory arre	at,	Approximata interval Batwee Onset and Deat
Sequentially list conditi if any, leading to imms cause. Enter UNDERLYI CAUSE (Disease or Inju that initisted eventa resulting in death) LAS	diats NG Ty		(OR AS A CONS								24		
PART II. Other algolifica	nt condition	s contributing to	dasth but not	rsaulting	in the un	derlying	cause g	jiven in i	Part I.	4s. WAS AN PERFOR		AN CC OF	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ED/Outnotices	2 004	OTHER		ACE OF DI	EATH (Cha	ck only one)				

2000 blk Northern Pkwy 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Driver in auto/van impact

26d. DESCRIBE HOW INJURY OCCURED

stion and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 10 27 1991

DEATH (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

01 1990

street

MP 111 Penn Street, Baltimore Maryland 21201

28c. INJURY AT WORK?

1 YES

8:40P M

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

2. REGISTRAR'S SIGNATURE whia Davidson-Randala

DHMH-16 Rev 1/89

29414

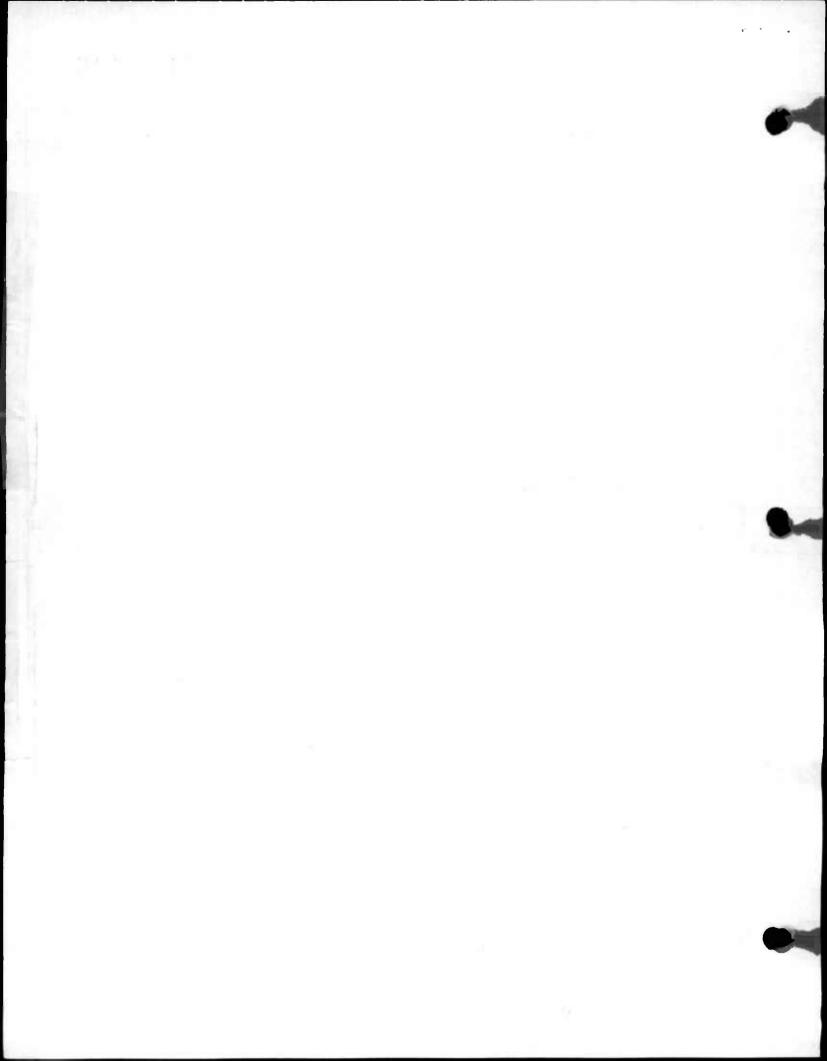
Approximata Interval Batween Onset and Death

Service and Alberta

distra.

	TO THE HOSPITAL DR ATTENDING PROBLEM TO THE PROPERTIES THAT THE death certificate be executed within 24 mons after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After me controlled to the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, in them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF MARY	YLAND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGIEN		29415	
100	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	FICATE O	F DEATH	REG. NO. 2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-18-5033	5. SEX 6. AG	GE (In yrs. last birthday) 73 yrs.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 10/25/18	8 9	BIRTHPLACE (State or Foreign Country) Maryland	
CTOR	9a. FACILITY NAME (If not institution, give s 3509 Stoneybrook RESIDENCE OF DECEDENT	Road			N OR LOCATION OF DE	EATH	sc. COUNTY Bal		
L DIRE	Maryland Bal	timore	10c. CIT		allstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	3509 Stoneybrook 11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DI	21133	NIC ORIGIN? (Specify Yea	U.	S.A. RACE — American Indian,	
B	1 Never Married 2 Married 3 Widowed 4 Diverced 15. DECEDENT'S EDUC	FORCES? 1 VE IF YES, GIVE WAR OR	10a. DECEDENT'S	1 TYE	Specify Cuban, Maxical ES 2 NO Specify	in, Puarto Rican, atc.)		Black, White, atc. Specify: White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	e completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	f work done during ruse retired.)	or/Owner	John J.	Cowan		
BE	17. FATHER'S NAME (First, Middle, Last) Frank J. Cowan, S 19a. INFORMANT'S NAME (Type/Print)	r.	19b. MAILIN	IC ADDRESS (Street	Marie	ME (First, Middle, Maiden	an		
10	196. INFORMANT'S NAME (Type/Print) Mrs. Charlotte Cowan 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3509 Stoneybrook Road Randallstown, MD 21133 206. PLACE AND DATE Of DISPOSITION (Name of competery, cremetory or other piece) DATE 206. LOCATION — City or Town, State								
	4 Departon 5 Depart (Specify) 21. SIGNATURE OF PUNERAL SERVICE LIC	fr.	ake View	Memoria 22. NAME Lorin	and address of fac g Byers F	uneral Dir	ectors	, Inc.	
0	23. PART /: Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ona cause on	n eech line.	not enter the m	node of dying, such		ratory errest,	Approximeta interval Between Onset and Death	
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significent conditions SMALL BOWL PERINEAL	EL OBSTRU FISTULA	but not resulting	In the underlyle	To a.	Part I. 24s. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Che				
₩	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR	r) INJ	M 1	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street as			
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only	CIAN: To the best of my kno	респу)			City or Town, State)		urai ricute riumber,	
BE COM	2 MEDICAL EXAMINER 298. SIGNATURE AND TITLE OF CENTIFIER	R: On the basis of examination	lion and/or inveatigation	on, in my opinion,	death occured at the t	time, data and placa, and	d due to the ce	GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUSE OF E			DIZI N AVE.	BALTO	10/	1229	
	OCT 3 0 1991 Field	22. REGISTRAR'S SIG		CHIO	A TIVE.	Onli	2 ~	122)	



BALTIMORE, MARYLANI	or death. Page 6 may be retained by the hos	he funeral director, page 5 should be detached.	examiner must be notified at once.
OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OF ACTIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		AND / DEPARTMI CERTIFICA	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		9416
	1. DECEDENT'S NAME (First, Middle, Las.	0			2. DATE OF DEATH	AY YEAR 3. T	IME OF DEATH
	Flizah	eth SDade	Cockey		10 28	91 11	:10 a M
	4. SOCIAL SECURITY NUMBER		******	MDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRTHPLAC	E (State or Foreign
	217-48-1148	1 🗆 M 2 🔀 F	86 YRS.		05/29/190	5 Baltim	ore
(m)	9a. FACILITY NAME (If not institution, give	street and number)	9b. (CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH	
DIRECTOR	Greater Baltimo		enter	Towson		Balti	more
1 2	10a, STATE 10b, COUN		10c, CITY, TOY	VN OR LOCATION		10d	INSIDE CITY LIMITS?
		ltimore		Baltimore		1 [YES ANN NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT	COUNTRY?
	29 Ruxview Court			21204		USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi	ANIC ORIGIN? (Specify Yes	or No- 14. RACE - A Black, Wh	merican Indian,
B	3√Widowed 4 □ Divorced	IF YES, GIVE WAR OR I	DATES	1 YESX X NO Spec		Specify:	
	15. DECEDENT'S ED	UCATION	18a. DECEDENT'S USUA	LOCCUPATION		1	White
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	de completed)	(Give kind of work do	one during most of working	16b. KINO OF BU	SINESS/INDUSTRY	
P	Elementary/Secondary (U-12)	College (1-4 or 5+)	Homo	malram		/ 4	
O	17. FATHER'S NAME (First, Middle, Last)	т	I Home	maker	NAME (First, Middle, Maiden	/A	
	Harry Montrose S	Slado				r	
BE	19a. INFORMANT'S NAME (Type/Print)	oraue	10h MARING ADDE	TESS (Street and Number or Rure	izabeth Lov		
2	Talbott D. Cockey						
	20a. METHOD OF DISPOSITION		DU9 MILL	er Road Park			
	1 Donation 5 Other (Spain)	moval from State ce	DruidaoRidge	ece)		CATION — City or Town, S	
1	21. SIGNATURE OF FUNERAL SERVICE &			22. NAME AND ADDRESS OF I	10/3L Pi	kesville, M	aryland
1 1	Dunis XILIAN	WHENDER			Mitchell-Wi	edefeld Hom	P
	Dennis Steph	en Xenakis	M00640	6500 York Roa	ad Baltimor	e. Maryland	-
	23. PART I. Enter the dieeeses, or shock, or heert failure IMMEDIATE CAUSE (Finei disease or condition resulting in death)	. List only one cause on e	each line.	scular Diseas		ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	- Anemia	TION A CONSEQUENCE OF): A CONSEQUENCE OF):				
CAL (PART II. Other significant condition	ons contributing to deeth t	out not resulting in the	underlying ceuse given i	n Part I. 24e. WAS AN	AUTOPSY 24b, WER	AUTOPSY FINDINGS
	Diarrhea,De				PERFOR	MED? AVAIL	ABLE PRIOR TO PLETION OF CAUSE
MEDI		.,			1 TES 2	OF D	EATH?
=						''	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	Check only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	oth	IER:			
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 - Residence 28c, INJURY AT	28d. DESCRIBE HOW II	HIEV OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	Sour BEGONISE HOW	WORT OCCORED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— A1 home, farm, atreet,		261. LOCATION (Street a	and Number or Rural Route I	lumbar
臣	4 Homicide determined	building, atc. (Spe	c/fy)	•	City or Town, State)	ind trainbal of restal floors	:
3	29a. CERTIFIER	DIGITAL VALUE AND A STATE OF THE STATE OF TH	6.11.2A				
COMPLETE	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of examination	n and/or investigation. In m	ne time, data and place, and du	is to the cause(s) and mer	ner as stated.	
8			The state of the s			d due to the cause(a) and	menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		~	29c. LICENSE NO	JMBER	29d. DATE SIGNED (Mont	h, Day, Year)
임		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VL 548	-1/27	275	10 20	551
W	30 NAME AND ADDRESS OF BERACH	HO BOMBI FTEE STILL	Addres demanded and				
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)				
	30. NAME AND ADDRESS OF PERSON W 31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF DE					

BALTIMORE, MARYLAND 21215-0020

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4	6	3
7	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 :: Ju	PULERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in

	Items:23 pa	rt I 27 28e	ner MEO	11/10/0	1				29417
	1. STATE G681 reb	STATE OF MARY	LAND / DEPAR	TMENT OF I	HEALTH AND I		IYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH		NEG. NO.	4.199	B. TIME OF DEATH
	SAT 4. SOCIAL SECURITY NUMBER	NTO G.	CANNAF			10	24 1	991	8:22 ам
	219-66-8150 98. FACILITY NAME (If not institution, give str	1 XM 2 F	(In yrs. lest birthdey) 34 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE		9,1957	MAR	RYLAND
STOR	SAINT JOSEPHS				TIMORE	ATH		9c. COUNTY OF DEATH BALTIMORE	
DIRECTOR		TIMORE		, town or loca BALTIMOF					10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 2 MONHEGAN COURT			10	1. ZIP CODE 21236			.S.A.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR O	2 X NO	MED 13. WAS DECENDENT OF HISPANIC ORIGI			pecify Yea or No-	14. RACI	E — American Indian, k, White, atc.
COMPLETED	15. DECEOENT'S EDUC, (Specify only highest grade of Elementery/Secondary (0-12) NA	ATION completed) College (1-4 or 5+)	IIIe. Do NOT us	rork done during mo e retired.)	ost of working		D OF BUSINESS/II	NDUSTRY	***************************************
OM	17. FATHER'S NAME (First, Middle, Last)		COLLE	CTION MA	16. MOTHER'S NAI		BANK e, Maiden Surname)	,	
H	VINCENZO CANNAROZ 194. INFORMANT'S NAME (Type/Print)	ZZO					Y PINELI		
오	BERNADETTE M. CANN	AROZZO (WIF			OURT, BA				21236
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remode 4 Donetion 5 Active (See Sec.)	FDISPOSITION (Na her place) IAUSOLEU	ame of	OATE	DATE 20c. LOCATION — City or Town, State BALTIMORE, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICE	22. NAM SC			NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMORE, MD 21236				
	23. PART I. Enter the diseases of co	mplications that cause	d the death. Do n	1100	DELAIK I	KD., B	ALTIMUKE	S. MD	21236
				or eurer rus wo	de of dying, such	ss cardiac	or respiratory s	rrest.	Approximata
1	shock, or heart affire. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on a	Mu	ltiple	Injuries		or respiratory a	errest,	Approximata interval Between Onset and Death
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on a	each line.	ltiple			or respiratory s	errest,	interval Between
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	Mu	ltiple			or respiratory s	rrest,	interval Between
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L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	MU A CONSEQUENCE OF A CONSEQUENCE OF	ltiple	Injuries				Interval Between Onset and Death
- C 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	MU A CONSEQUENCE OF A CONSEQUENCE OF	ltiple	Injuries	Part I. 24e	. WAS AN AUTOPS: PERFORMEO? PES 2 □ NO		Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
- C 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	MU A CONSEQUENCE OF A CONSEQUENCE OF	ltiple	Injuries	Part I. 24e	. WAS AN AUTOPS! PERFORMEO?		Interval Between Onset and Death WERE AUTOPSY FINDINGS AWARABLE PRIOR TO
- C 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS A COntributing to death to	MU A CONSEQUENCE OF A CONSEQUENCE OF	ltiple i: i: the underlying	Injuries	Part I. 24e	. WAS AN AUTOPS! PERFORMEO?		Interval Between Onset and Dasth WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CETTIFIER (Check only one) 29 MEDICAL EXAMINER:	DUE TO (OR AS A DUE TO (OR AS	Dut not resulting in the second of the secon	at the time, date, in my opinion, do	Injuries g cause given in F ACE OF DEATH (Check 5 Residence URY AT RK? 2 NO B 2 NO B 2 NO C 2 NO C 3 NO C 4 NO C 5 NO C 6 NO C 7 NO C 7 NO C 8 NO C 8 NO C 9 NO	Part I. 24e 1 (Control one) 3 Other (Sp. 28d. DESCRIE 281. LOCATION City or for TOWS (Control one) to the cause(s) lime, date and BER [. E .	NAS AN AUTOPS) PERFORMEO? PES 2 NO N (Street and Numborn, State) N A R and manner as at place, and due to	CCUREO OF OUR WES YLAN eted. the cause(s TE SIGNED 0 / 2 5	interval Between Onset and Dasth WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO TROAD and manner as stated. (Month, Day, Year) 5 / 1991

TO THE HOSPITAL OF A ENDING THE CAN REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after command the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	Chrzan		J. 1. L. O.	DEATH	2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER						18 91	0934
	214-20-8648	1 M 2 🗆 F		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	14 Coun	HPLACE (State or Foreign MT)
TOR	90. FACILITY NAME (If not inetitation, give of Spit RESIDENCE OF DECEMENT	A A 1	More	Bal	THE AC		9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNT	_	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	10e. STREET AND NUMBER	ITIMORE		104	ZIP CODE		T	1 TES 2 NO
FUNERAL	4204 Old MI	Iford Rd		10.	2120	5	US	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECI	cify Cuban, Maxica	HC ORIGIN? (Specify n, Puerlo Rican, etc.)	Yea or No— 14. RAC Blee Spec	CE — American Indian, ck, White, atc.
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	SUAL OCCUPATIO		16b. KIND OF E	SUSINESS/INDUSTRY	WAITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	TREAS	retired.)	ALENT	- 600	1011	
NO	17. FATHER'S NAME (First, Middle, Last)		NEMO	URY	16. MOTHER'S NA	ME (First, Middle, Maid	GDV	1.
BE (HRZANO			BRO	NISLAV	A 50,	BOTKA
5	190. INFORMANT'S NAME (Type/Print) WALTER A. (HRZANOW.	19b. MAILING AI	DORESS (Street ar	nd Number or Rural F	Route Number, City or T	own, State, Zip Code)	Like
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Ram	20b	PLACE AND DATE OF	DISPOSITION (Nat	ne of	OATE 20c.	LOCATION — City or T	own, State
	4 Donation 5 Other (Specify)		our Ra	SARY C	D ADDRESS OF FAC	10/28 6	ALTO.	MD.
	Domi SI	120	-2			TERST.	ED. 1000	J. WEBER
	23. PART I. Enter the diseases, or about or heart believe	complications that caused	the death. Do not	enter the mod	la of dying, auci	n aa cardiac or rea	piratory arrest.	Approximate
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on ea	ach line.			66,000.00		Interval Between Onset and Death
	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	~	The	An	est	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	A BA RO) OF SUC	CONSEQUENCE OF):					
	PART II. Other algnificant condition	a contributing to death b	ut not resulting in	the underlying	esues short la l	Part I ac una	IN AUTOPSY 246	
DICAL	Pert	anti	- ; Ne	tal	oli-	PART () Z48, WAS A	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Prob	olda	cipi	~;1	Engle	J 2 0	20521	OF DEATH?
PHYSICIAN:	25. WAS CASE REFEREND TO MEDICAL	rologi	1	1200	GE OF DEATH (Che			
SIC	1 VES NO	HOSPITAL:		THEA:	5 - Residence 1			
	27. MANNER OF DEATH Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28h. TIME O	F 26c INJU WOR	RY AT	284. DESCRIBE HOW	INJURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Speci	At home, term, street,		# 2 □ NO	28f. LOCATION /Shee	and Number or Rurel I	Pourte Mumber
ETE	4 Nomicide determined			-		City or Town, Stat	"	
COMPLETED	29s. CERTIFIER Check only one) MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred a and/or investigation, i	nt the time, data a	and place, and due to	to the cause(a) and m	anner as stated. and due to the cause(s	a) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	2/3.	de	4.01	29c. LICENSE NUM	BER 80	29d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	200	13-0	hand	>1	315

村

31. DATE SILED THOUGH, Day, Year) 1991

82 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

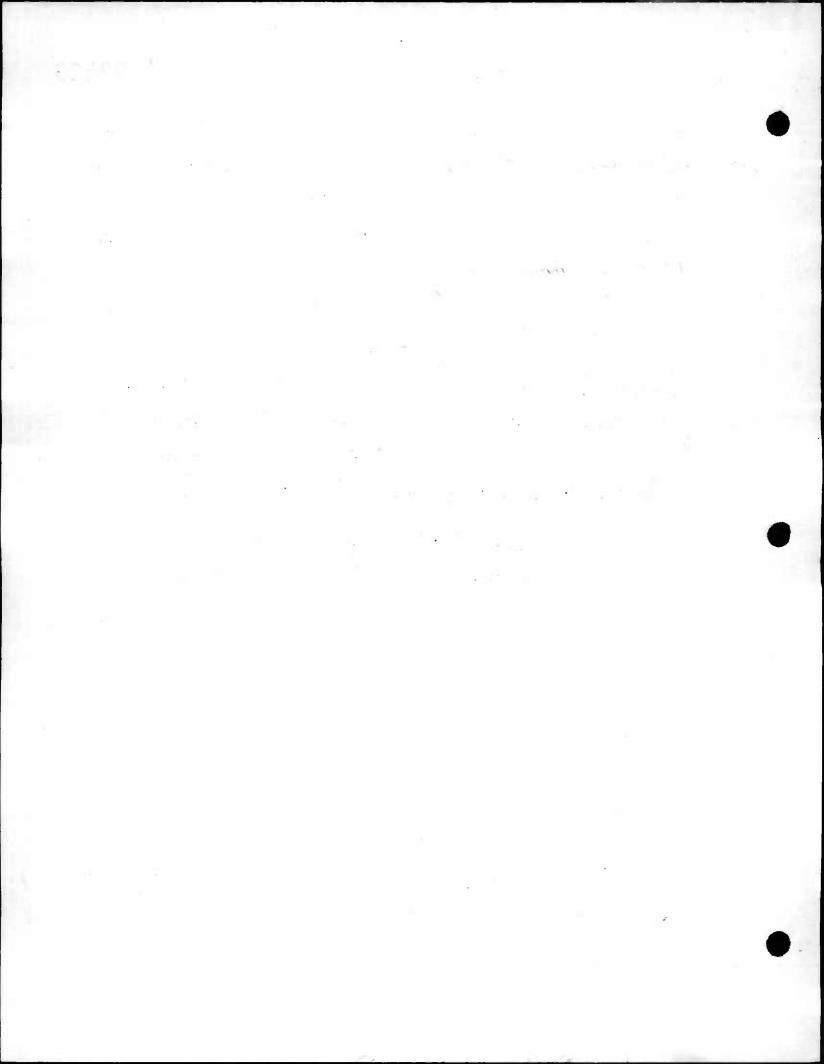
OR ATTENDING PHYSIGAN! The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, of Item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	filed within 72 hours after death wit	PORTANT: If Item 28 is marke

REGISTRAR	STATE OF MARYLA	AND / DEPARTMI			NENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Less Phyllis E.							3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 234-36-9691 9e. FACILITY NAME (If not institution, give	1 - M 2 F	75 YRS. MON		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-11-	-16	BIRTHPLACE (State or Foreign Country) West Va. Y OF DEATH
2101 Dalewoo		96.	Timor		NIT.		timore
10a, STATE 10b, COU	ltimore		wn or Locati				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a STREET AND NUMBER 2101 Dalewo	od Ct		101.	ZIP CODE	93		EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DA	2 NO	If yes, spe	NDENT OF HISPAN	IC ORIGIN? (Specify Y		4. RACE — American Indian, Black, White, stc. Specify: White
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		16a. DECEDENT'S USUL (Give kind of work of life. Do NOT use red.) Homema	done during mod ired.)	N It of working	16b. KIND OF B	USINESS/INDU	
17. FATHER'S NAME (First, Middle, Lest) Charles E.	Vno++c	TOMONO	~ × ~ T		AE (First, Middle, Meide Priend	n Sumame)	
Gerard K. Ca				nd Number or Rural F	loute Number, City or To		Md 21093
20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	206	p. PLACE AND DATE OF cemetary, crematory or of Oak Lawn	DISPOSITION ther place)	(Name		OCATION — C	ity or Town, State
21. SIGNATURE OF FUNERAL SERVICE	Connell		22. NAME AN Cor 711	o Soll	Tuneral ers Pt.	Home Rd Ba	of Dundalk
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):	con C	ances			dyear
PART II. Other aignificant condit	ions contributing to death b	ut not resulting in th	na underlying	cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
					_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA 4	THER: Nursing Hom		8 - Other (Specify)	V INJURY OCC	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suickle 8 Could not	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe-	28b. TIME OF INJURY	F 28c, thJ W0	• 5 Residence URY AT RK? /ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOV	et end Number o	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigative 2 Accident Suicide 8 Could not determined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe-	28b. TIME OF INJURY — At home, farm, stree	FHER: Nursing Hom 28c, NJ, WO 1 1 1 1 1 1 1 1 1	e 5 Reeldence URY AT RKY /ES 2 NO end place, and due	8 Other (Specify) 28d. DESCRIBE HOV 28t. LOCATION (Stre- City or fown, Ste to the cause(e) end in	et end Number o	URED or Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigative 2 Accident Suicide 8 Could not determined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, stc. (Special Section of the basis of my known sincers.) WSICIAN: To the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of the basi	28b. TIME OF INJURY — At home, farm, stree riedge, death occurred at an end/or investigation, in	FHER: Nursing Hom F 28c, thu, W0 M 1 1 t, factory, offic t the time, date n my opinion, d	e 5 Reeldence URY AT RKY /ES 2 NO end place, and due	8 Other (Specify) 28d. DESCRIBE HOV 28t. LOCATION (Stre- City or fown, Sta- to the cause(e) end in time, data and place,	et end Number of te) nanner as state and due to the	URED or Rural Route Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) CLARICE LORRAINE CAREY 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1
CLARICE LORRATNE CAREY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. list birthoday) 7. Ling or part of the control of
4. SOCIAL SECURITY NUMBER 2. S. SEX 2. A AGE (in yie. list birtholey) 3. SEX 3. SEX 3. SEX 4. A AGE (in yie. list birtholey) 4. WONTHS 4. DATE OF BIRTH (Mount, On; New) 4. DOWN DATE 4. DOWN DATE 4. DOWN DATE 5. SEX 1. M 2 IN 4. A AGE (in yie. list birtholey) 5. SEX 1. M 2 IN 4. WONTHS 4. DATE 5. SEX 1. M 2 IN 4. DOWN DATE 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 6. A AGE (in yie. list birtholey) 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 6. A AGE (in yie. list birtholey) 5. SEX 1. M 2 IN 5. SEX 1. M 2 IN 6. A AGE (in yie. list birtholey) 5. SEX 1. M 2 IN 6. CITY, TOWN OR LOCATION OF DEATH 10. STATE 10
Se, EACLITY NAME (In al Institution, give street and number) Belair Convalesarium 6116 Belair Rd Baltimore City RESIDENCE OF DECEDENT 10e. CITY, TOWN OR LOCATION OF DEATH Belair Convalesarium 6116 Belair Rd Baltimore City 10e. CITY, TOWN OR LOCATION 11e. LIMITS
Belair Convalesarium 6116 Belair Rd Baltimore City RESIDENCE OF DECEDENT 106. COUNTY 107. STATE 106. COUNTY 107. STATE 107. STATE 108. COUNTY 109. STREET AND NUMBER 109. ZIP CODE 109. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 11. MARTIAL STATUS 11. MARTIAL STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED 13. WAS DECEDENT GENORIST (Specify Vis or No— 14. RACE—American has been considered by Code of the Considered by Code of the
10e. STATE 10e. COUNTY 10e. CITY, TOWN OR LOCATION 10e. CITY, TOWN OR LOCATION 11. MARTHAL STATUS 11. MARTHAL STATUS 11. MARTHAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indisible, White, etc. 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 17. FATHER'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number or Rural Rouse Number, Only or Town, State 190. METOD OF DISPOSITION 190. MAILING ADDRESS (Street and Number or Rural Rouse Number, Only or Town, State 190. METOD OF DISPOSITION 190. MAILING ADDRESS (Street and Number or Rural Rouse Number, Only or Town, State 190. METOD OF DISPOSITION 190. MAILING ADDRESS OF FACILITY 190. MAIL
10e. STREET AND NUMBER 10e. STREET AND NUMBER 10f. CITIZEN OF WHAT COUNTRY? 21 December 1
13. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARIMED FORCES? 1 VES 2 NO 14. RACE — American India Black, White, etc. 15. DECEDENT'S EDUCATION (Give kind of work done during most of working line Do NOT use retired.) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working line Do NOT use retired.) 16a. DECEDENT'S USUA O COUPATION (Give kind of work done during most of working line Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUA OCCUPATION (Give kind of work done during most of working line Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUA OCCUPATION 16c. DECEDENT'S USUA OCCUPATION 16c. DECEDENT'S USUA OCCUPATION 16c. NOT use retired.) 16c. NOT
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2! NO If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Never Married
Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerio Rican, atc. Black, White, etc. Specify: VES 2 NO FYES, OIVE WAR OR DATES If yes, Specify Chiben, Maxican, Puerio Rican, atc. Specify: VES 2 NO FYES, OIVE WAR OR DATES If yes, OIVE WAR OR
Specify: Specify:
15. DECEDENT'S EDUCATION (Specify only blobest grade completed) Elementary/Secondary (0-12) Collage (1-4 or 5+) Collage (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Chee kind of work done during most of working life, Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surrame) 18. MOTHER'S NAME (First, Middle, Meiden Surrame) 18a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 19c. METHOD OF DISPOSITION 18burlal 2 Cremation 3 Removal from State 18burlal 2 Cremation 3 Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or other (Specify) 21c. SIGNATURE OF FUNERAL SERVICE LICENSEE 22c. NAME AND ADDRESS OF FACILITY 22d. NAME AND ADDRESS OF FACILITY Approximatory or surranged and survey or surranged and survey or other (Specify) 22d. NAME AND ADDRESS OF FACILITY Approximatory or survey or survey or survey or other (Specify) 22d. NAME AND ADDRESS OF FACILITY 23d. PLACE OF OISPOSITION (Name of cemetery, crematory or survey) 24d. December of the control of t
(Specify only bighest grade completed) Elementary/Secondary (0-12) Collage (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.) The properties of the prop
18. MOTHER'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 20. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 21. Supposition S City or Town, State, Zip Code) 22. NAME, AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or reepiratory street, interval B Conset smith Conset smi
Se. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number, City or Town, State,
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De. METHOD OF DISPOSITION De. METHOD OF DISPOSITION De. METHOD OF DISPOSITION DE Burlei 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — Cit
De. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or reepiratory screet, interval E Onset sni MMEDIATE CAUSE (Finel lisease or condition a. OUR AS A CONSEQUENCE OF): CAUSING 20c. LOCATION — City or Town, State 22. NAME AND ADDRESS OF FACILITY Approximation interval E Onset sni Approximation interval E Onset sni CAUSING APPROXIMATION OF THE PROXIMATI
Surial 2 Cremation 3 Removal from State Other (Specify) Surial 2 Other (Specify) Other (
1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or reepiratory screet, interval E Onset smills of the condition and the cause on each line. MMEDIATE CAUSE (Final disease) or condition and cause on each line. Due to jor as a consequence of the cause of the ca
shock, or heart failure. List only one cause on each line. Interval B Onset and Sissesse or condition as a confisequence or a
Shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition a
shock, or heart failure. List only one cause on each line. Interval B Onset and diseases or condition as a con
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Caudla Pullary Anest Bulk to (or as a consequence or): Caudla No.
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Sequentially list conditions,
If sny, leading to immediate
CAUSE (Disease or injury DUE TO (OR AS A CONSCIUENCE OF)
that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST
d. UIF
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY
PERFORMED AMAILABLE PRIOR COMPLETION OF
1 YES 2 OF DEATH?
1 VES 2 IV
5. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
EXAMINER? HOSPITAL: QTYER:
1 Inpetient 2 ER/Outpetient 3 DOA 4 Inpetient 6 Other (Specify) 7. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO
2 Accident Investigation
ACC BLACE OF MANNEY
3 Sulcides 6 Could not be detarmined 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLA
3 Sulcide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
3 Suicide 4 Homicide 6 Could not be determined 269. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 269. CERTIFIER (Check only Check only 1 DERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated.
3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
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3 Suicide 4 Homicide 6 Could not be determined 266. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State) 266. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State) 267. LOCATION (Street and Number or Rural Route Number, City or Town. State) 268. LOCATION (Street and Number or Rural Route Number, City or Town. State) 269. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State) 269. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State) 269. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State) 269. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	18. INSPITOR After this confidence has been closed by the attending physician and completely to be the
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4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year DAYS 1 M 2 F funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, JOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 10c. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10f. ZIP COOF Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 1 Never Merried 2 Merried If yes, specify Cuben, Mexicon, Puerto Rican, etc.)

1 YES 2 MO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) during most of working Elementary/Secondary (0-12) OOK KEEPE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle notified at BE 19a. INFORMANT'S NAME (Type/Pr 19b. MAILING ADDRESS (Street and Number or Rural Ro 2 be 20a. METHOD OF DISPOSITION
1 D Burial 2 Cremation must 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION 3 🗆 4 Donation 5 Other (Specify) examiner 21. BIGNATURE OF FUNERAL SARVICE LICENSEE PANE AND ADDRESS OF FACILITY death. 2 removal. medical complicatione that could the death. Do not enter the mode of dying, such ee cardiac or reepiratory arrest, List only one ceuse of each line. ŏ IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) netostatic Cancer event, DUE TO (OR AS A CONSEQUENCE OF) burial, or other traumatic CERTIFICATION Sequentielly list conditions, 2 DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING prior CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST Mental injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? and Item 23 shows any rabetes mellitus Health a 1 YES 2 NO Circhrovascular PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL Derro 28. PLACE OF CEATH (Check only one **EXAMINER?** 1 TES 20 NO HOSPITAL OTHER: 1 Denpatient 2 DER/Outpatient 3 DOA 50 4 Nursing Home 5 Residence 8 Other (Specify) the s after death with the 128 is marked, o 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 - NO death 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, atreat, factory, office building, atc. (Specify) COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined TO THE FUNERAL DIRECT
De filed within 72 hours a
IMPORTANT: If Item 2 29a. CERTIFIER 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER man 027907 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM) 27) (Type, Print) MA

32. REGISTRAR'S SIGNATURE

- Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

26

31. DATE FILED (Month, Day, Year)

1991

2

29421

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

10g. CITIZEN OF

- City or Town, State

Approximate

2 month

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

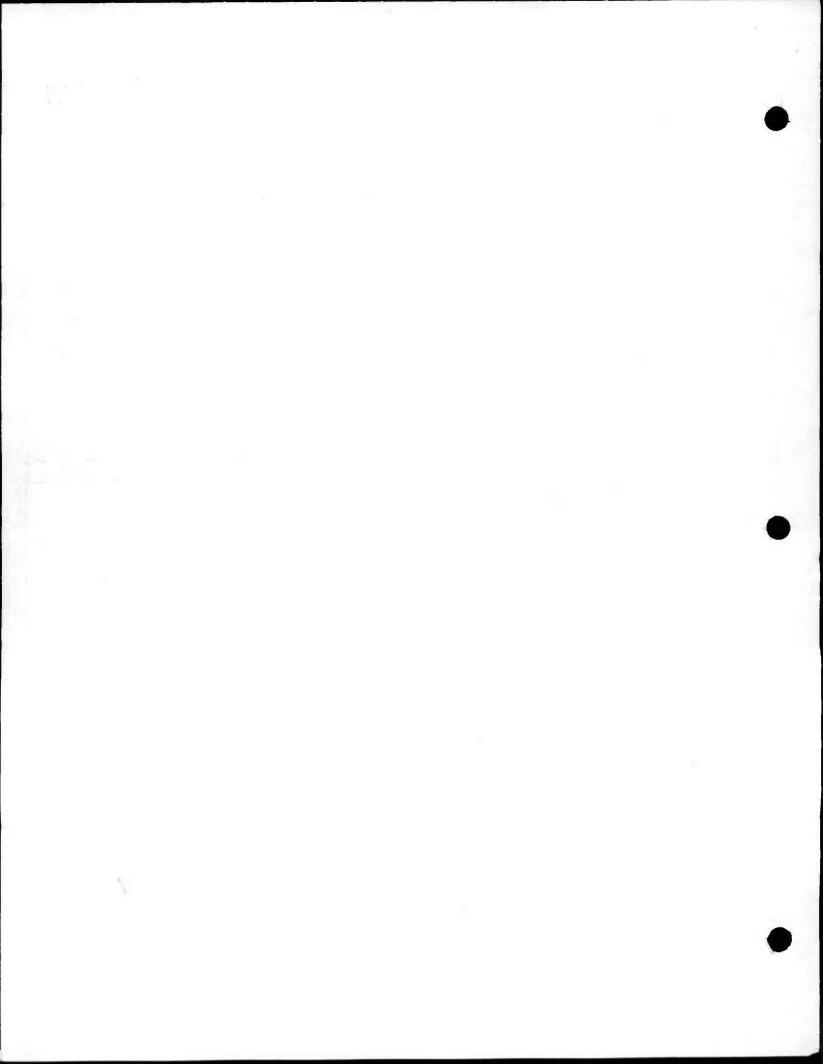
1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

COMPLETION OF CAUSE

Intervei Between

Onset end Death



TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 28 cm. rafer death. Page 6 may be retained by the hospital or attending physician.

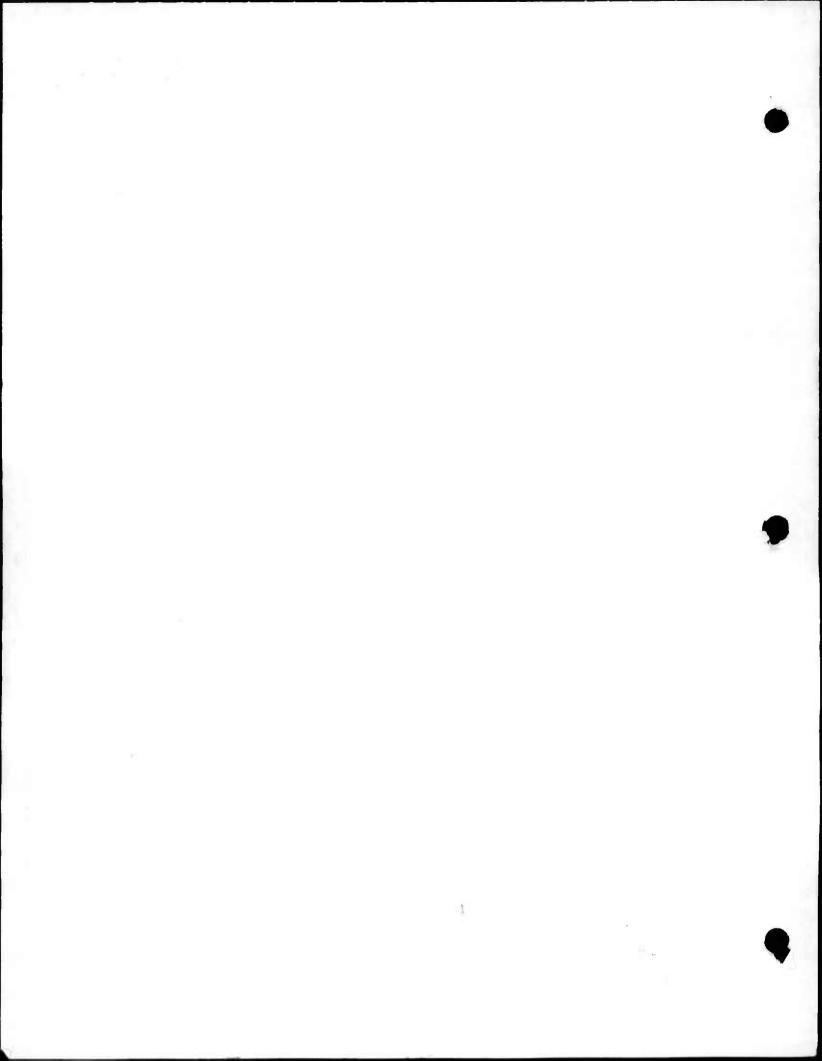
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

			- OI	*11111	IOAIL	T DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle ANA		N AI	INA F	}	CAIN	2. DATE OF MONTH		0-26-	9.1 3	. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t historians)	of important		10	2		1	2.25 A M	
	215-05-5491	1 □ M 9/12/F		YRS.	IF UNDER 1 YE		(Month, D	lay, Year)		Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution		70	Tho.	A) 01771 70	3-29-1912						
œ					96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH						TH	
5	CHURCH HOME HOSPITAL				BALTIMORE CITY							
DIRECTOR		COUNTY		10c. CIT	TY, TOWN OR LOCATION 19d INSIGE CITY						Od. INSIDE CITY	
	Maryland	na								LIMITS?		
AL	10e. STREET AND NUMBER				101. ZIP CODE 10g. CIT				10g. CITIZEI	_	AT COUNTRY?	
E	522 North cli	nton Street				21205						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No - 14. RACE - American III					- American Indien,		
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NAR OR DATES	0	If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc. Puerto Rican, etc.) Black, White, etc. Specify:						White, etc.	
1												
E	15. DECEDENT (Specify only highes	(G/	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				NESS/INDUS	SS/INDUSTRY				
١٣	Elementary/Secondary (0-12)	College (1-4 or 5 +	Do NOT us	e retired.)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
	TO TAITHER S NAME [FIRST, MIGUIN, LE	,				16. MOTHER'S	NAME (First, Mide	die, Meiden S	1 Sumeme)			
BE	19e. INFORMANT'S NAME (Type/Prin	,	1 401									
임	, in the state of	9	196	L MAILING	AUORESS (St	eet and Number or Run	n/ Route Number,	City or Town,	State, Zip Co	de)		
	20e. METHOD OF DISPOSITION											
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20s. PLACE AND DATE OF DISPOSITION / Name of cemetery, crematory or other piece) 20s. LOCATION — City or Town, State									, State		
						F AND ADDRESS OF	ESS OF FACILITY STATE ANATOMY DOADD					
Ronald Wade, Dir 22. NAME AND AODRESS OF FACILITY STATE AND ADDRESS OF FACILITY STATE ADDRESS OF FACILITY STATE ADDRESS OF FACILITY STATE ADDRESS OF FACILITY STATE ADDRESS OF FACILITY STATE ADDRESS OF FACILITY STATE												
4	- FILLING CIT	10000			- 1						201	
23. FART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							,	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentielty liet conditions, If any, leading to immediate											
3	cause. Enter UNDERLYING CAUSE (Disease or Injury									İ		
E	that initieted events	DUE TO	OR AS A CONSEC	UENCE OF	7 :				-			
	resulting in death) LAST	d									!	
	PART II. Other eignificant con	ditions contributing to	death but not re	eultino I	n the under		- Part La				1	
MEDICAL	Ent	Diococad	COD	esiting i	n the unger	ying ceuae given i	n Part I. 24	a. WAS AN A PERFORM		A	FRE AUTOPSY FINDINGS AILABLE PRIOR TO	
		lococed	0	-	n		1	☐ YES 2 [NO		OMPLETION OF CAUSE F OEATH?	
- 0	7	BILL	meur	nom	a					_1	☐ YES 2 ☐ NO	
A N	25. WAS CASE REFERRED TO MEDIO	HF										
PHYSICIAN:	EXAMINER?	HOSPITAL:		Т	OTHER:	L PLACE OF DEATH (Check only one)					
₹	1 YES 2 NO	1 Inpatient 2			4 - Nursing	iome 5 - Residenc						
	1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIMI	URY	INJURY AT WORK?	26d. DESCRI	BE HOW IN.	JURY OCCUR	ED		
è l	2 Accident Investig	ntion				YES 2 NO						
	3 Suicide 6 Could n 4 Homicide determin	ouliding.	INJURY — At hor etc. (Specify)	ne, farm, s	treet, factory,	office	26f. LOCATIO	ON (Street en own, State)	d Number or I	Rural Rou	e Number,	
<u> </u>	29a, CERTIFIER											
COMPLETED	(Check only	PHYSICIAN: To the best of a AMINER: On the basis of ex-	my knowledge, dea amination and/or is	th occurre westigation	d at the time, n, in my opinic	date and place, end den, death occured at the	ue to the cause(i ne time, date and	s) and mann I place, and	er as stated. due to the c	luse(a) a	nd manner as stated,	
	29b. SIGNATURE AND TITLE OF CE		MEDIC			29c. LICENSE N	UMBER		29d. DATE SI	GNEO (M	onth, Day, Year)	
BE	Moleko	Ley la +	JONSE of		1				▶ 10	126	191	
임	30. NAME AND AODRESS OF PERSO	ON WHO COMPLETED CAUS	E OF OEATH (ITEN	27) (Type,	Print)	HILPCH	Has	DITA	4			
	D. L. OCHA		100	N.	BRO	D4 HURCH ADWAY	BALTI	MORE	mi		21231	
	31. DATE FILED (Month, Day, Year)	91 Julia Ja	UIDAMATURE	1.00	4							



1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

PETER DEMIRJIAN

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5	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune
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	OSPITA	JNERA

91 10 2:40pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
8-30-1914 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 362-14-4111 MONTHS DAYS HOURS 1 M 2 F 77 YRS Mass. Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL FUNERAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER IOI. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 406 N. Bond Street 21231 U.S.A 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WW II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 - YES 2 NO 3 Widowed 4 Divorced Specify swhite COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Employee 10th Ford Motor Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John notified at Damagian Elizabeth BE Kanderia n 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. Vaughn Demirjian 5169 Willowhaven Las Vegas, Nevada pe 20a. METHOD OF DISPOSITION
1 □ Buriel 2 ○ Cremation 3 □ Removal from State
4 □ Donation 5 □ Qther (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State roudon Park Cem. Company Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES Joseph N. Zannino Jr. Funeral Home 263 S. Conkling Street Balto.Md.21224 medical 23/PART J. Enter the disc Enter the diseases, or corporations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, be heart failure. List only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Figs Onaet and Daath the disease or condition resulting in death) w Ref event, traumatic CERTIFICATION Sequentially list conditions. If any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseasa or Injury injury, or other that initiated eventa resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS item 23 shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: lient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28 is marked, or 27. MANNER OF GEATH DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 87 M 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 3 Suicide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined If Item 29a. CERTIFIER ERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as atsted, 296. SIGNATURE AND TITLE OF CERT **BE** 29d. DATE SIGNED (Month, Day, Year) rou 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

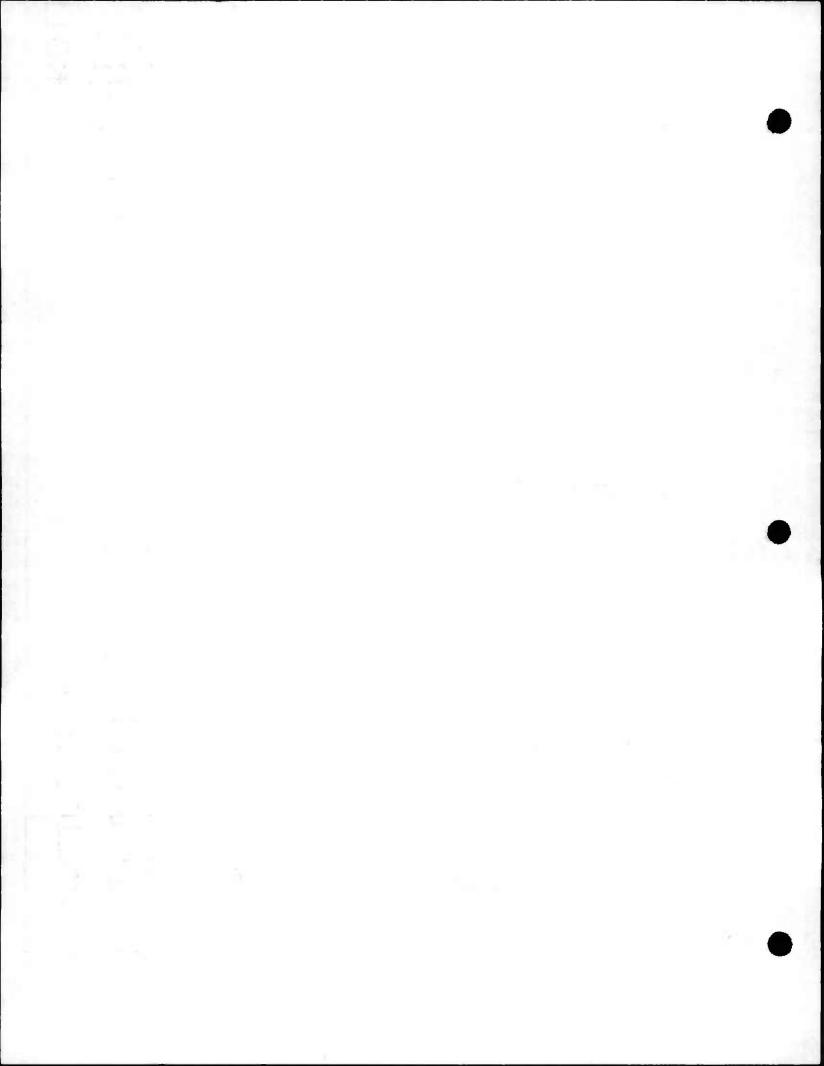
2. DATE OF DEATH

29423

3. TIME OF DEATH

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	diciciia I not) -	TODE T		TIFICATI			La DATE	REG. NO.			THE OF DEATH
1. DECEDENT'S NAME (First, A	Modre, LESTY	ERE DAN	DANAHER	SR. Ma	- //	.S.A.F.	MONTH	2	0 6	EAR	9°20 F
4. SOCIAL SECURITY NUMBER	iR I	6. SEX	6. AGE (In yrs. lest birt	thday) IF UNDE	ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1	BIRTHPL	ACE (State or Foreign
217-03-7922		1 🖾 M 2 🗆 F	85	YRS. MONTHS	1	HOURS MIN.	(Month	Dey, Year)	1906	Country)	land
9a. FACILITY NAME (If not insti	Itution, give str	reet and number)		9b. CIT	Y, TOWN OR	LOCATION OF D			9c. COUNTY		
St. Joseph		Tow	son				Baltimore				
RESIDENCE OF DECE	10b. COUNTY		10	Oc. CITY. TOWN	OR LOCATIO	NN .			10d. INSIDE CITY		
Maryland				Towson					LIMITS?		
10e. STREET AND NUMBER	STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
918 Southerly Rd.						21204			U.S.A.		
11. MARITAL STATUS			EVER IN U.S. ARMED) 13.		NDENT OF HISPA				14. RACE — American Indien, Black, White, etc.	
1 Never Merried 2 \ M 3 Widowed 4 Divorc		IF YES, GIVE W	AR OR DATES			Hy Cuben, Mexico		Hoen, etc.)	Specify:		
Tww 11 α Korea				DENT'S USUAL C			1405	THE OF BU	- I	Whit	e
(Specify only I	highest grade	completed)	(Give k	DENT'S USUAL C kind of work done NOT use retired.)	e during most		160.	KIND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-1 12	.2)	College (1-4 or 5+)		itary 0	•	r	11	c Ai	r Ford	10	
17. FATHER'S NAME (First, Mide	idle, Last)			.cazy _		18. MOTHER'S NA				E	
Jeremiah J.	Danah	ner		Theresa Wolf							
19a. INFORMANT'S NAME (Type/Print) 19				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Charlotte A.	. Dana	her	Sa	ame as	#10						
20e. METHOD OF DISPOSITIO		Company Streets	20b. PLACE AND	D DATE OF DIS	POSITION (Name	DATE	20c. LO	CATION — CIT	y or Town,	, State
4 Donation 5 Other (S	Specify)		Dulaney	Valle	y Mem	. Gdns.	10/33	1/91	Timoni	um,	Md.
21. SIGNATURE OF PUNERAL	BENVIDENCE	JTT		22	. NAME AND	Towson	ACILITY				
· Cont	14	C. # "				York Rd					
23. PART i. Enter the dis	egses, ar c	onplications that	caused the death								Approximate
shock, or had	art fallure. L	List only one caus	se on each lina.								Onset and De
disease or condition Macrine Capacita Annual Annual											
a. Due TO (OR AS A CONSEQUENCE OF):											
		- min									1
		Cole	MARY	All	MERK	1 1	DICE	196		A	
Sequentially flat condition if any, leading to immediate	late	b. CORE TO	OR AS A CONSEQUE	NCE OF):	TERY	1 - 1	DISE	ASE			
	late IG	· Con	GESTIUF	6 14	EART	1 1	DISE,	ASE			
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events	late IG y	b. COLLEGE TO (DUE TO (DUE TO (GESTIUF	6 14	EART	1 1	218E	ASE			
if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	late IG y	· Con	GESTIUF	6 14	TERY LEART ALE	1 D CO	DISE 4UU PT	ASE ILE			
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events	late IG y	c. CON DUE TO (CESTIVE OR AS A CONSEQUE	ENCE OF):	EANT ALE underlying	CO cause given in	PISE, PI PI	ASE LE 248. WAS AN			
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST	late IG y	c. CON DUE TO (CESTIVE OR AS A CONSEQUE	ENCE OF):	EART ALE underlying	CO cause given in	PISE	PERFO	RMED?	A) Ci	MILABLE PRIOR TO OMPLETION OF CAU
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If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST	late IG y	c. CON DUE TO (CESTIVE OR AS A CONSEQUE	ENCE OF):	EANT ALE underlying	CO cause given in	PI PI Part I.	PERFO	RMED?	AA CO	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
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If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnifican 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Natural 5 P Accident 3 Suicide 8 C C 4 Homicide	nt conditions MEOICAL	DUE TO (d. PADB as contributing to of the contributing to of the contributing to of the contributing to of the contributing to of the contribution of the contributi	GESTIVE OR AS A CONSEQUE GENTLE CONSEQUE GENTL	DOA OTHE OF INJURY	26, PLA ER: ursing Home 28c. INJU WOR 1 YE	S G Residence	8 Other	PERFOI 1 YES : (Specify) CRIBE HOW	RMED? 2 NO INJURY OCCU	Al Colored	MILABLE PRIOR TO OMPLETION OF CAU-F DEATH? YES 2 NO
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BALTIMORE, MARYLAND 21215-0020

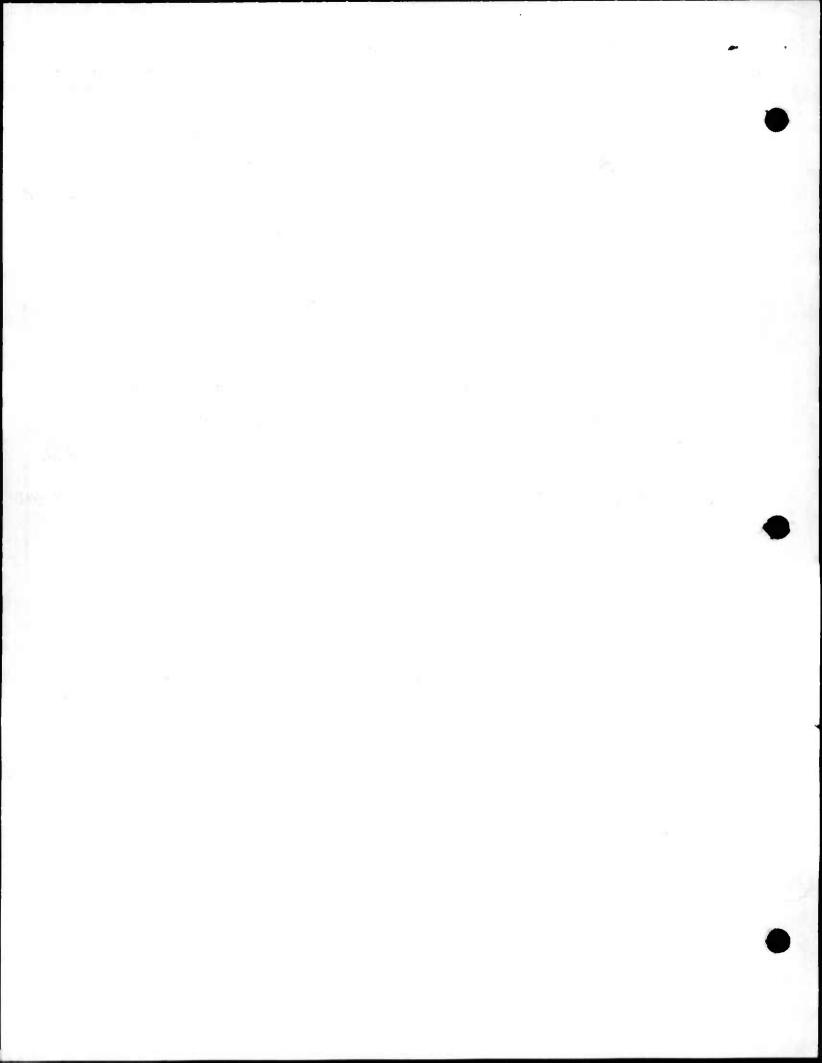
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. July after the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, La ALBERT	J. DOL	A		2. DATE MONT	OF DEATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-16-38/8 9a. FACILITY NAME (If not institution, gi	1 DM 2 DF	O YRS. MON	UNDER 1 YEAR IF UNDER ITHE DAYS HOURS	MIN. (Mon	OF BIRTH th, Day, Year) Y. 24, 1921	6. BIRTHPLACE (State or Foreign Country) BALTE: MD		
DIRECTOR	104 HAR	DING STREE	<u>ET</u> 90.	TIMONI	ON OF DEATH	ec. coun	ALTIMORE C		
L DIRE	10e. STATE 10b. COU	BALTIMORE	CO. 10c. CITY, TO	OWN OR LOCATION ON ON ION 101. ZIP CODE	n		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	104 HARD	ING ST	RET	(1	S.A.				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	F HISPANIC ORIGII 1, Mexicen, Puerto Specify:	HGIN? (Specify Yes or No— 14. RACE — American Indien, Black, White, glc. Specify.				
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	(Give kind of work iffe. Do NOT use ret	done during most of working	164	KIND OF BUSINESS/IND	USTRY E DEPT		
BE COME	17. FATHER'S NAME (First, Middle, Last) ALEXANDER	2 DODA	DITT	18. MOTH	IER'S NAME (First,	Middle, Malden Surname) KUITA	w seri.		
TO B	190. INFORMANT'S NAME (Type/Print)	RECORDS	19b. MAILING ADD	PRESS (Street and Number of	or Rural Route Num	ber, City or Town, State, Zip	Code)		
	20s. METHOD OF DISPOSITION 1 Brurial 2 Cremetion 3 Removal trom State 20b. PLACE AND DATE OF DISPOSITION (Name of complay, crystalogy) Community, crystalogy of other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE								
	· When I gan EVANS CHAPEL OF CHIMES								
NO	23. PAST / Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Batween Onset and Death DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Diabetic Williams Type II 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		26. PLACE OF DEA	ATH (Check only on				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigatio	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2	28d. DES	CRIBE HOW INJURY OCC	URED		
	3 Suicide 8 Could not be detarmined		— At home, ferm, atrest, γ)	, tectory, office	28f. LOC City	ATION (Street and Number of Town, State)	or Rural Route Number,		
COMPLETED	29a. CERTIFIER Check only 2 MEDICAL EXAMI	YSICIAN: To the best of my knowle	dgs, death occurred at and/or investigation, in	the time, data and place, a my opinion, death occurre	and dua to the cau d at the time, data	rse(s) and manner as atate and place, and due to the	d. Cause(s) and manner as stated.		
O BE	SWLLY ON	zelu n	0	02	SE NUMBER	29d. DATE	SIGNED (Month, Day, Year)		
1	BARM DOSOT	COMPLETED CAUSE OF DEAT	O OSCE	R DR		m ne	21204.		
	OCT 3 0 1001	32. REGISTRAR'S SIGNAT	TURE POP						



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_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 29426

CERTIFICATE OF DEATH

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10" /27 % Catherine 2:02 DAWSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH Month, Day Year NOV . 15, 1919 IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 215-46-5546 71 1 M 2 F YRS. Baltimore County 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Rossville BAltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. BAltimore Middle River 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 16D Starwood Court 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried If yes, specify Cuban, Mexicen, Puerto Rice BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Housewife 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Mary Zink Joseph Phaller 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sherman Dawson Jr. 617 MAce Ave. Baltimore MAryland 21221 20e, METHOD OF DISPOSITION

1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Meth 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Cemetery 10/30/91
22. NAME AND ADDRESS OF FACILITY BAltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ConnellyFuneralHome 300MAceAve. 21221 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart teliure. List only one ceuse on each line. Approximeta **IMMEDIATE CAUSE (Fine) Onset and Death** disease or condition resulting in death) Refractory ventricular tachycardia DUE TO (OR AS A CONSEQUENCE OF): Metabolic Acidosis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO 24a. WAS AN AUTOPSY Diabetes COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED BY 1 YES 2 NO Accident, Investigation 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 28I. LOCATION (Street and Number or Rural Route Number City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, dasth occured at the time, data end place, end due to the ceuse(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 041846 10/27/91 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

David Thiemann Md 9000 Franklin Square Drive Balto Md 21237 31. DATE OCT 3 0 10 p. REGISTRAR'S SIGNATURE who Davidson-Randall

ert . Aga . o

1. DECEDENT'S NAME (First, Middle, La		CERTIFICA	TE OF DEATH	REG. NO.					
CATHER	RINE A.	EUBANKS		2. DATE OF DEATH MONTH CAY	YEAR	1. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 216-10-4532	5. SEX 6. AGE	78 YRS. MONT	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURE MIN.	7. OATE OF BIRTN (Month, Day, Year)	8. BIRTHP Country)	LACE (State or Foreign			
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE									
MD 10s. STATE 10s. COU			WN OR LOCATION I MORE			10d. INSIDE CITY LIMITS? 1 V YES 2 NO			
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
1735 E. 30th			21218	USA					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, atc.) 1 ☐ YES XIX NO Specify: BLACK						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT up settind.) 16b. KIND OF BUSINESS/INDUSTRY									
Elementary/Secondary (0-12)	College (1-4 or 5 +)	MARBART	,	*					
17. FATNER'S NAME (First, Middle, Last) WILLIAM JOHNSON 18. MOTHER'S NAME (First, Middle, Malden Surname) VIVIAN ADD									
196. INFORMANT'S NAME (Type/Print) ETHEL JONES 190. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 120–14 BENCHLEY PLACE BRONX, NEW YORK 10475									
20b. METHOD OF DISPOSITION 1X_Sourial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) AR BUTUS MEM. PARK 20b. METHOD OATE OATE 20c. LOCATION — City or Town, State AR BUTUS MEM. PARK BAL TIMORE, MD									
21. SIGNATURE OF FUNERAL SERVICE		ARBOTOS TILL	22. NAME AND ADDRESS OF F		, , , , ,	10			
MARCH FUNERAL HOME 1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
IMMEDIATE CAUSE (Final disease or condition rasulting in deeth) Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	b. acute p DUE TO (OR AS Smoke	A CONSEQUENCE OF: enal failu A CONSEQUENCE OF: inhalution A CONSEQUENCE OF:	ire			7 days			
CAUSE (Disease or Injury that initiated events	resulting in death) LAST d. 18% Body Surface area burns								
that initiated events resulting in death) LAST		ly Surface c				11 days			
that initiated events	Itions contributing to deeth	but not resulting in the		Part I. 24a. WAS AN AI PERFORM	ED?	AMAILABLE PRIOR TO			
PART II. Other algorificant condi	itions contributing to deeth Le Granch HOSPITAL:	but not resulting in the	e underlying ceuse given in 26. PLACE OF DEATH (C	PERFORM YES heck only one) LETTPECATION	ED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
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PART II. Other algnificant conding in death) LAST PART II. Other algnificant conding in death 25. WAS CASE REFERRED TO MEDICA EXAMINER? PART II. Other algnificant conding investigation death 1 Natural 5 Pending investigation.	HOSPITAL: HOSPITAL: For Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	but not resulting in the block. typerlent 3 DOA 4 DOA THURTY 3.00 A	28. PLACE OF DEATN (COOK INJURY AT WORK? Municipal Topics of the property of	PERFORM Neck only one) EXTENSION 8 Other (Specify) 284. DESCRIBE HOW INJ. HOUSE F	APPROVED BY BU	AMAILABLE PRIOR TO COMPLETION OF CAUN OF DEATH! NO NO			
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PART II. Other algnificant condi Right bun 25. WAS CASE REFERRED TO MEDICA EXAMINER? VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not determine 29a. CERTIFIER (Check only) CERTIFYING P	HOSPITAL: TO Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) (I be dd 28b. PLACE OF INJURY Duilding, etc. (Sp H-O M NYSICIAN: To the best of my kno	but not resulting in the block. tipatient 3 DOA 4 THE THE THE THE THE THE THE THE THE THE	26. PLACE OF DEATN (COMMERCE) Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 VES 2 NO I, factory, office	PERFORM Note: Specify) 26d. DESCRIBE HOW INJ. HOUSE City or Rown, State) 1735 E 30 e to the cause(a) and menne a time, data and place, and	APPROVED BY MI JURY OCCURED I R LE d Number or Rural Rc ST BAL er as stated,	COMPLETION OF CAUSOF DEATH? NO EDUCAL EXAMINER Oute Number, TO MO 212 and menner se state			
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AMPION ASSESSMENT TO THE PROPERTY OF THE

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11	. M	ARE	TAL	\$1
		Nev		
10	TVZ	Mr.	A	

	REGISTRAR		CERT	IFICATE	OF	DEATH		REG. NO.		
	DECEDENT'S NAME (First, Middle, Lest) VE	LVERNON L.	EDMONDS				2. DATE OF MONTH		YEA	3. TIME OF DEATH
f	4. SOCIAL SECURITY NUMBER 213-50-0988	1 🗆 M 2 💢	AGE (In yrs. lest birthd	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS WIN.	7. DATE OF (Month, E	BIRTH	C	RTNPLACE (State or Foreign bunity) Marvland
TOR	90. FACILITY NAME (If not institution, give 568 Woodbine Aver RESIDENCE OF DECEDENT				TOWSOL Baltimore					OF DEATN
IREC	10a. STATE 10b. COUNT		10c.	CITY, TOWN O	TOWN OR LOCATION 10d. INSIDE CITY LIMITS?					
LD	Maryland Ba	altimore		Tows	WSON 101. ZIP CODE				1 🗆 YES 💢	
NERA	568 Woodbine Ave				21204 USA					OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	1 Never Merried 2 Merried XXXVIdowed 4 Divorced	1 Never Merried 2 Married						Specify Yas or in, etc.)		ACE — American Indian, Black, White, alc. Specify: White
밀	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DECEDEN (Give kind	of work done of	CUPATION furing mos	N t of working	16b, Ki	NO OF BUSIN	ESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homema							N/A		
8	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S NA	ME (First, Mide		-				
Charles Delhaye Anna Gephardt										
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co										
	200. METNOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of									
	1 X Kurlat 2 Cremetion 3 Ran 4 Donation 5 Other Commit	Mem	Gar.	1						
21. SAMACURE OF FUNCTION OF COLORS 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Ho							Home			
\dashv			M00640	650	00 Y	ork Road	Balti	more,	Maryl	and 21212
	23. PART I. Enter the diseasea, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or reapiratory srreat, above, or haart failure. List only one cause on each line. Approximate interval Batween Onset and Daath disease or condition resulting in death) a. Cause Office of the condition of the									
NO	Sequentially list conditions, S. HSCVI)									
CATI	If any, laading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury									
EDICAL CERTIFICATION	that initiated events resulting in death) LAST d.									
A L	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
Σ							_ 1	PERFORME YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATN (Ch	ack only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 El	R/Outpatient 3 🗆 DOA	OTHER	:	5 Mesidence		nac(h)		
E	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,		-	28c. INJUI WOR	RY AT		BE HOW INJU	RY OCCURED	
B≼	Natural 5 Pending Investigation			M	1 🗌 YE	S 2 NO				
TED	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, farm . (Specify)	i, atreet, facto	ry, office		261. LOCATIO City or To	N (Street and own, State)	Number or Rur	al Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PNYS	ICIAN: To the best of my ER: On the baels of exam	knowledge, death occi	erred at the tin	ne, data a einion, des	nd place, and due	to the cause(s) and manner	as stated.	e(s) and menner as stated.
8	29b. SICHATURE AND TITLE OF CERTIFIE	R	Undin	- 1	- 1	29c. LICENSE NUM				IED (Month, Day, Year)
٩	30. MANE AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (OF DEATH (ITEM 27)	pe, Print)		44	187		100	30-7/
	Veniedo Alio 31. DATE FILED (Month, Day, Your) OCT 3 0 1991	110 6010 32. REGISTRAR'S	York Road	Balt:	imor	e, Mary	land 2	1212		
1	116 1 3 (1 1991	YTHUR WALKEDON	- Nation							

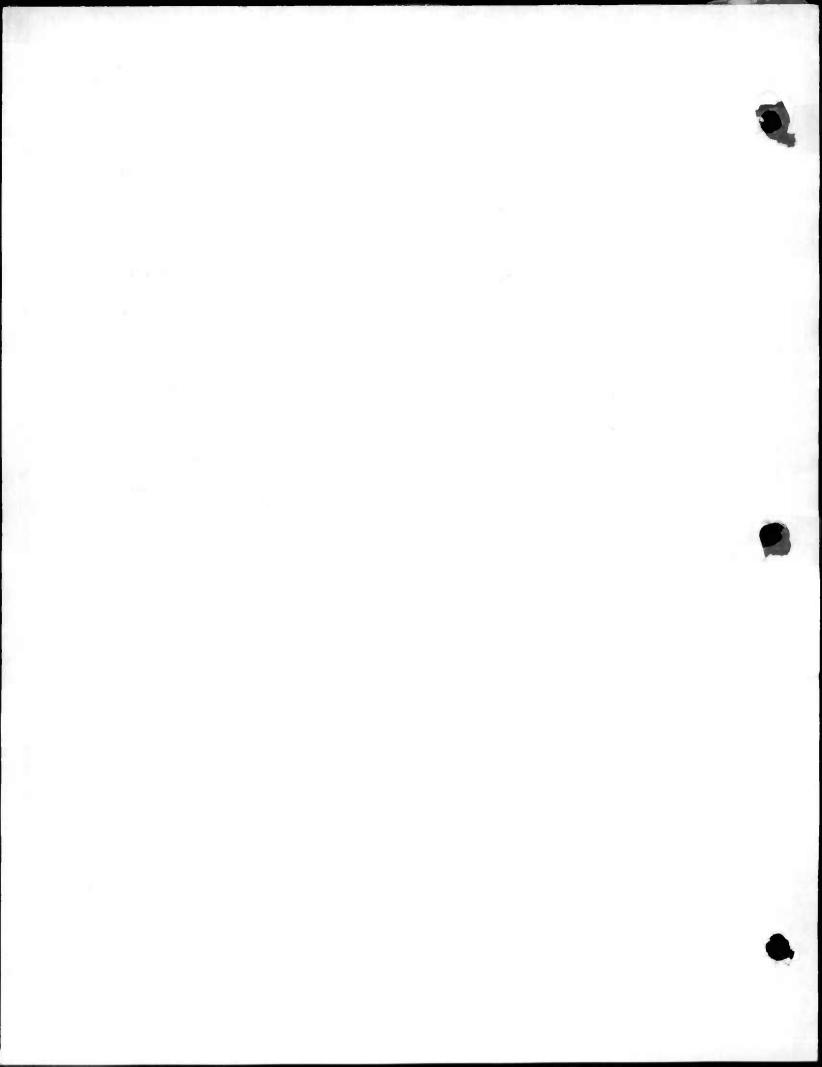
is after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 SICIAN. The law requires that the death certificate be executed with

OF VITAL RECORDS, P.O. BOX 68760

confliction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the Stutin theor of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE FUNEYAL OR ATTER TO THE FUNEYAL DIRECTORS De filed within 72 douis actes

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ricalorran				ERIIF	ICAL	CUF	DEA	IH	F	REG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)				2. DAT				2. DATE OF	DATE OF DEATH DAY YEAR 3. TIME OF DEATH			3. TIME OF DEATH
	WI	LMA MA	Y ELLIOT	T						1/0 hs		24/	901	10:00 1
	4. SOCIAL SECURITY NUMBER	PER	5. SEX	6. AGE (In yrs. I		IF UNDER	DAYE	IF UNDER	24 HRS.	7. DATE OF E	BIRTH	777	6. BIRTHI	PLACE (State or Foreign
			1 M 2 F	77	YRS.			8-23-14 Virginia						
ا _ش ا	9a. FACILITY NAME (If not in	natitution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF OEATH				9c. COUNTY OF DEATH				
DIRECTOR	921 Dulane	ey Val	ley Ct.			Towson				Baltimore				
) ji	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
	Maryland	Balt	imore		To	LIMITS?					LIMITS?			
¥	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	921 Dulane	y Vall				21204 U.S.A					.A.			
5	11. MARITAL STATUS 1 X Never Married 2	Mamiad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yes, specify Cuban, Maxican, Puarto Rican, atc.)					14. RACE	- American Indian, , White, atc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				,,,,,		1 TYES	2 1 NO	Specify	ri, Puarto Hicar	1, #tC.)		Specify	y:
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	18a. D	ECEDENT'S	USUAL O	CCUPATIO	DN .		16b, KIN	D OF BUS	INESS/IND		
9	Elementary/Secondary (0 11 yrs		College (1-4 or 8	•) _		work done during most of working use redired.) tary B.G.and E.								
₩.						ary								
	17. FATHER'S NAME (First, Middle, Lest) Raynor W. Elliott							18. MOT		ME (First, Middle		Sumame)		
) BE	19a. INFORMANT'S NAME (7	ype/Print)		19	9b. MAILING	ADDRESS	S (Street a	ind Number	or Rural F	Route Number, C	the or Town	State Tin	Codel	
2										eake,				
						OF DISPOSITION (Name of place)					20c. LOC	LOCATION — City or Town, State		
	4 Donation 5 Other	(Specify)		Fore	st La	wn Nor					Norf	rfolk, Va.		
	21. SIGNATURE OF FUN. ALL ERVICE LICENSEE							TOTAL			Hom	o T.	200	
Ruck Towson Funeral Home, 1050 York Rd. Towson, Md.														
	23. PART I. Enter the di	seasea, or o	omplications that	t caused the d	th. Do n	ot anter	the mo	de of dyi	ng, auch	as cardiac	or respir	ratory arre	eat,	Approximate
	IMMEDIATE CAUSE (Fin	part ranure.	List only one ceu	ne on each lin	-		1							Interval Batween
	disease or condition resulting in death) Oneet and Daeth													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO.	Sequentially list conditions,													
Ĕ.	If any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	QUENCE OF):								
윤	CAUSE (Disease or Injusthat initiated events	ry	OUE TO	(OR AS A CONSE	OUENCE OF	n:								
CERTIFICATION	resulting in death) LAST	г .	4.											1
	PART II. Other algoritical	nt condition	e contribution to	death has eas	and the second									
MEDICAL	PART II. Other algorifice	Condition	s contributing to	death but not	reaulting i	n the un	derlying	cause g	iven in f	Part I. 24s.	WAS AN A		24b. \	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	-									10	YES 2	ZNO		COMPLETION OF CAUSE OF DEATH?
- 11													1	1 TES 2 NO
AN	25. WAS CASE REFERENCE TO	MEDICAL												
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpetient 1		OTHER	t:			ck only one)				
¥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME		28c. INJU		sidenca (28d. DESCRIB		IIIBY OCC	LIBED	
ВУР		Pending nveatigation	(Month, Da	ry, Ybar)	INJ	JRY M	WOI		NO	EGG. OCÇONIB	L HOW IN	JUNI OCC	UNED	
	3 Suicide s C	Could not be	28a. PLACE OF	F INJURY — At he	ome, ferm, s	treet, facto	ory, offica			28f. LOCATION	(Street an	nd Number (or Rural Ro	oute Number,
H L	4 Homicide d	letarmined		area (opoony)						City or Tow	vn, State)			
교	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, de	eath occurre	d at the ti	me, data	and place,	and dua t	to the cause(a)	and mann	er as state	d.	
COMPLETED	one) 2 AMEDIC	AL EXAMINE	: On the beals of ax	amination and/or	Investigation	In my o	pinion, de	eath occur	ed at the t	ime, data and p	place, and	due to the	cause(a)	and manner as stated.
BEO	296, SHON STURE AND TITLE			-		1			NSE NUMI			29d. DATE	-	_
6 P	Mallack	21	El)0	mill	ll	(1)	1	1)	-09	938=	3	1/0	0/25	101
	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF OEATH (TE				1	,			<u></u>	100	21092
	Marles	01	DONNE	11 M(1)	-2	304	-12	lon	der	vien	RL	1.	mo	niam mid
	OCT3 0 100	01	32. REGISTRAF	R'S SIGNATURE										
_	44.00 19:	21 7	ON OUT WELL	v-Northern	-									



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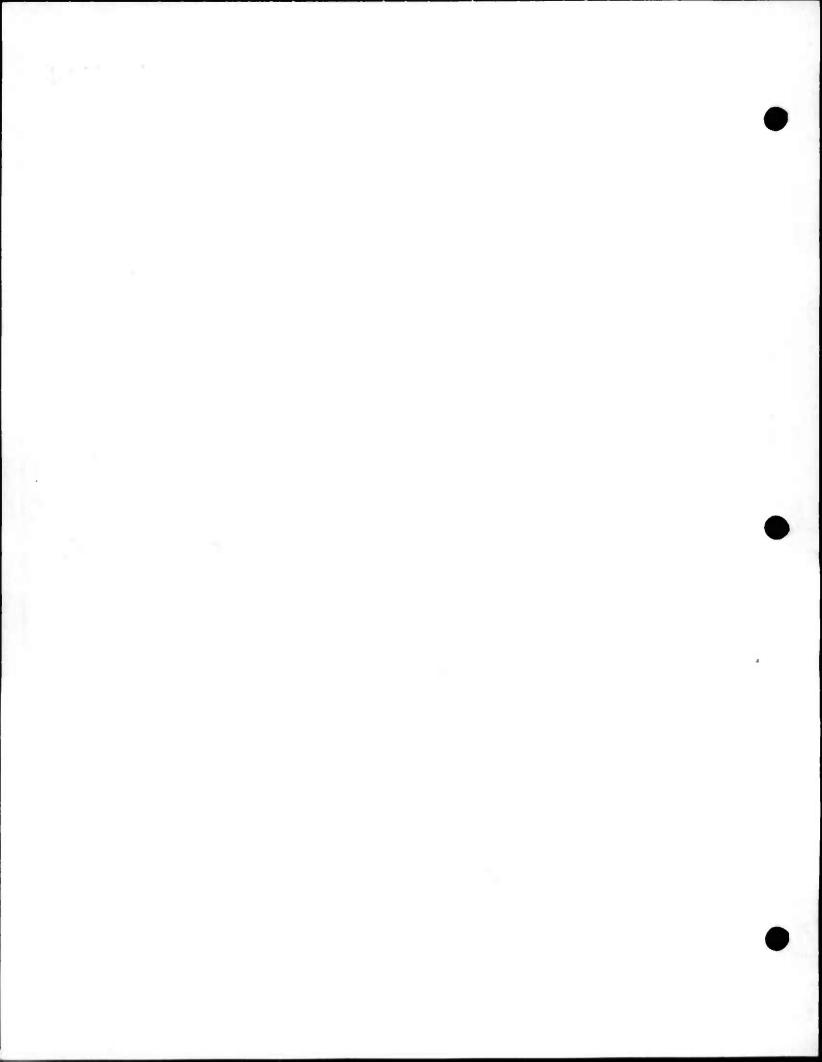
		IFICATE OF DEATH	REG. NO.						
14	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH						
	Johnnie W. EVANS		OCTOBER 28	, 1991 9:55A M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth	day) IF UNDER 1 YEAR IF UNDER 24 HRS.							
	of Marc (III yra. Mar Diff)	MONTHS DAVE HOUSE AND	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	2000	is.	9-16-19.	21 510					
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D							
K	THE JOHNS HOPKINS HOSPITAL	BALTIMORE CIT		BALTIMORE CITY					
K	RESIDENCE OF DECEDENT	BALTIMORE CIT	. 1	BALTIMURE CITY					
DIRECTOR	10e. STATE 10b. COUNTY 10c	CITY, TOWN OR LOCATION		10d. INSIDE CITY					
뜻	m	6.15		LIMITS?					
	10e. STREET AND NUMBER	134-110,		1 YES 2 NO					
×	The state of the s	10f. ZIP CODE	1	10g. CITIZEN OF WNAT COUNTRY?					
Ü	618 Collington Ave	2/2	05	115					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		Van or No. 14 BACE - American Indian					
ш.	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE VAN OR DATES	r No- 14. RACE — American Indian, Black, White, etc.							
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								
	15. DECEDENT'S EDUCATION 180 DECEDE			Negro					
1	(Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPATION d of work done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY					
"	Elementary/Secondary (0-12) College (1-4 or 5+)	OT use retired.)							
AP	LA	ber							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Maiden Su	Program					
Ш	WAShington EVANS	Anda 1	1000	- Surreme)					
@		" del	Smil h						
2		LING ADDRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Cook / 205/					
	FIMA SWANN 61	8 N. COllingTO	AVE	RAIN, Ma					
10	20a, METHOD OF DISPOSITION	ATE OF DISPOSITION (Name of	DATE 20c. LOCA	TION — City or Town, State					
	1 DeBuriel 2 Cremation 3 Removel from State Capacity, Communication 6 Other (Specify)	or other place	11/1 1001	M-1/-					
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	11 000	1119951111/					
		ALL NAME AND ADDRESS OF FA	CILITY	,					
	Betts (-4 NEAR) Home	11261	destina						
	23. PART I. Enter the diseases, or complications that caused the death.	20 000 00000000000000000000000000000000	nnou ne	57					
98	shock, or heart failure. List only one cause on each line.	so not enter the mode of dying, suc	n ea cerdiec or reepire	Approximete Interval Batween					
	IMMEDIATE CAUSE (Finsi			Onset and Death					
1	disease or condition resulting in death) a. Mutastatu (DUE TO (OR AS A CONSEQUENCE	Bootste Course	L Street	0 - 17/01					
	DUE TO (OR AS A CONSEQUENCE	E OF):	2 singe	7/86					
7	C. Circhesis		O	1.0/01					
CERTIFICATION	Sequentially list conditione,	5.00		10/91					
A	If any, leeding to immediate cause. Enter UNDERLYING	L OF).		,					
일	CAUSE (Disease or Injury & c. C. C. C. C. C. C. C. C. C. C. C. C. C.	ure		10/91					
E II	thet initiated events resulting in deeth) LAST	E OF):							
# 1	d. Hypoalises	nu.		10/91					
100									
EDICAL	PART II. Other eignificent conditions contributing to death but not recult	ng in the underlying ceuse given in	Pert I. 24s. WAS AN AU						
S I	hypothyraidism		PERFORME	COMPLETION OF OUR					
	QUALANTA		1 YES 2 [1]	NO OF DEATH?					
Σ				1 TYES 2 NO					
3	Allroderna								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)								
S	HOSPITAL: 1 YES 2 NO 1 Popularit 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
PHYSICIAN:	27 MANUEL OF DEATH	TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJU	IRW OCCUPED					
2	DAY OCCURED								
À	2 Accident Investigation	M 1 YES 2 NO							
3 Sulcide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, strast, factory, office 5 City or Town, State) 28e. PLACE OF INJURY — At home, farm, strast, factory, office 6 City or Town, State) 28e. PLACE OF INJURY — At home, farm, strast, factory, office 7 City or Town, State) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
							ا ي	290. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of the best of	
ž	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occords one)	curred at the time, data and place, and due	to the cause(a) and manner	r as stated.					
2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as									
() 16	29b. SIGNATURE AND TITLE OF CERTIFIED								
		29c. LICENSE NUM	29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER								
	29b. SIGNATURE AND TITLE OF CERTIFIER Kelly L. Carson MD	J79		10-28-91					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Kelly & Carson MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	J79	25	10-28-91					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Kelly L. Causon MS 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (ITEM 2	J79	25	10-28-91					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Kelly L. Causon MS 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (ITEM 2	J79		10-28-91					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Kelly & Carson MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	J79	25	10-28-91					

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31. DATE FILED (Morith, Day, Year)
OCT 3 0 1991

32: REGISTRAN'S SIGNATURE JUNIO DAY SONO DE LA PROPERTIE DE LA

1.0	DECEDENT'S NAME (First	,							2, DAT	REG. NO.			3. TIME OF DEATH
		vard	F. Er	line					10	-27-1	991	PAR	
4. 3	SOCIAL SECURITY NUMBER	MBER S. SEX 8. AGE (I		6. AGE (In	yrs. last birthday)			NOER 24 HRS.	7. DATE	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	212-07-62		1 🖳 M 2 🗆 F	78	YRS.	YRS. MONTHS DAY		IRS MIN.	(Month, Day, Year) 10-24-1		913	13 Maryland	
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, T	OWN OR LO	CATION OF DI					
DIRECTOR	7604 Bagley Ave.					Baltimore							
10a						Y, TOWN OR LOCATION							
E												10d, INSIDE CITY LIMITS?	
	Md P			I Ba	altimore 100, ZIP CODE			40- 0777774 00			1 YES 2 NO		
FUNERAL 10.	7604 Daws									10g. CITIZEN OF WHAT COUNTRY?			
N 11.	7604 Bagley Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI			IS ARMED	21234			WC 00101	A10 (0 14 - 14 -		U.S		
	Never Married 2				YES 2 NO		13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Maxican, Pusi		n, Puarto	arto Rican, atc.)		14. RACE — American Indian, Black, White, atc. Specify: White	
	Widowed 4 Divo	orced	IF TES, GIVE	MAN ON DAI	cs	1 TYES 2 NO Specific			у:				
	15. DEC	EDENT'S EDU	CATION		16a. DECEDENT'S	USUAL OCC	JPATION		16b. KIND OF BUSINESS/		SINESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of the Do NOT us	work done dur se retired.)	ng most of w	vorking					
<u> </u>	8th				Fire	Fight	cer			Bal:	to.,	Ci	ty
COMPLET	FATHER'S NAME (First, M	fiddle, Lest)					-	MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
<u> </u>	Frank Er						1	Alver	ta				
Q 194	, INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRESS (S	treet and Nu	mber or Rural i	Route Nun	nber, City or Tow	n, State, Zip	Code)	
Mr	rs. Josep	hine	A. Erl	ine	7604	Bag	ley A	Ave.	Ba1	to., 1	Md 2	123	4
1.5	Burlal 2 Crematio	n 3 Ram	oval from State	20b. P	LACE AND DATE	OF DISPOSITI			DA		CATION —		
4 €	Donation 5 Other	(Specify)			rkwood		eters	7		Ba	1 t.o		Md.
21.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Hartley Miller Funeral Home												
23	PART I. Enter the di	Iseases, or	complications the	t caused t	he death Do	ot enter th	27	larfo	rd	Rd. Ba	alto		
	anock, or n	eart lanure.	List only one car	Jae on eac	h line.	iot enter th	e mode of	dying, suc	n aa car	ulac or respi	ratory err	eat,	Approximate Interval Between
dis	IMMEDIATE CAUSE (Finel Onset and t												
rea	aulting in death)	7	resulting in death) = a. INEXESTATE CONCUMA //										Onset and Dear
	DUE TO (OR AS A CONSEQUENCE OF):												Onset and Dear
~ 11		_	DUE TO	(OR AS A C	ONSEQUENCE OF	>12[7 C	prosta	te can	Mino	MA			Onset and Deal
Se Se	equentially list conditions		b		ONSEQUENCE OF	F):	prosta	te ca	rcino	MA			Onset and Deal
Se If a	any, leading to immeduse. Enter UNDERLYI	dlate ING	b		CONSEQUENCE OF	F):	prosta	te ca	rcino	MA			Onset and Dear
IFICATION CA CA tha	any, leading to immed	dlate ING	b	(OR AS A C	CONSEQUENCE OF	F): F):	prosta	te ca	Mino	MA			Onset and Dear
RTIFICATION that CA th	any, leading to immeduse. Enter UNDERLYI USE (Disease or inju	diate ING Iny	b	(OR AS A C	CONSEQUENCE OF	F): F):	prosta	te ca	rcino	MA			Onset and Deal
CERTIFICATI	any, leading to immeduse. Enter UNDERLYI USE (Disease or injust initiated events suiting in deeth) LAS	diate ING	b. DUE TO	(OR AS A C	ONSEQUENCE OF	F): F):				WA			Onset and Deal
SAL CERTIFICATION	any, leading to immeduse. Enter UNDERLYI USE (Disease or injust initiated events	diate ING Iry T	b. DUE TO	(OR AS A C	ONSEQUENCE OF	F): F):				24a. WAS AN		24b	> Urr
A PA	any, leading to immeduse. Enter UNDERLYI USE (Disease or injust initiated events suiting in deeth) LAS	diate ING	b. DUE TO	(OR AS A C	ONSEQUENCE OF	F): F):					MED?	24b	WERE AUTOPSY FINDING: AMAILABLE PRIDER TO COMPLETION OF CAUSE
	any, leading to immeduse. Enter UNDERLYI USE (Disease or injust initiated events suiting in deeth) LAS	diate ING Iry T	b. DUE TO	(OR AS A C	ONSEQUENCE OF	F): F):				24a. WAS AN. PERFOR	MED?	24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO
MEDICAL	any, leading to immeduse. Enter UNDERLYI USE (Disease or injust initiated events suiting in deeth) LAS	diate ING Iry T	DUE TO	(OR AS A C	ONSEQUENCE OF	F): F):				24a. WAS AN. PERFOR	MED?	24b.	WERE AUTOPSY FINDING: AMAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	any, leading to immeduse. Enter UNDERLYI USE (Disease or Inju at initiated events sulting in deeth) LAS' RT II. Other algnifica	diate ing ing condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A C	ONSEQUENCE OF	r): r): in the unde	rlying cau		Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDING: AMAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	any, leading to immeduse. Enter UNDERLYI LUSE (Disease or Injuint Initiated events sulting in deeth) LAS	diate ing ing condition	DUE TO	(OR AS A C	ONSEQUENCE OF	other:	rlying cau	se given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDING: AMAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH?
PAINSICIAN: MEDICAL	was case referred to was case of the solution	T Condition	DUE TO C. DUE TO d. MID ALC R SCU D HOSPITAL: 10 Inpatient 2	(OR AS A C	ONSEQUENCE OF ON	other:	rlying cau	Se given in OF DEATH (Che	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDING: AMAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH?
PHASICIAN: MEDICAL 25.1	was case referred to yes. Case referred to the case or injust initiated events suiting in deeth) LAS. Was case referred to EXAMINER? 1 YES 2 NO MANNER OF DEATH	diate ing ing condition	b. DUE TO c. DUE TO d. SCOND HOSPITAL: 1 Inpatient 2	(OR AS A C	ONSEQUENCE OF ON	OTHER: 4 Nursing	rlying cau 26. PLACE C	Se given in OF DEATH (Che + Rasidenca	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDING: AMAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL 22. 1 1 27. 1	was case referred to the subject of	diate ING ITY T Tont condition O MEDICAL Pending investigation Could not be	DUE TO C. DUE TO d. MD AIC R SCV D HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, E) 28a. PLACE OF (Month, E)	(OR AS A C	ONSEQUENCE OF ON	OTHER: 4 Nursing	rlying cau	Se given in OF DEATH (Che + Rasidenca	Part I. eck only o	24a. WAS AN PERFOR 1 YES 2 The second of th	MED?	CURED	WERE AUTOPSY FINDING: AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL To a series of the	was case referred to examiner to the same to the solution of t	T Condition O MEDICAL Pending Investigation	DUE TO C. DUE TO d. MD AIC R SCV D HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, E) 28a. PLACE OF (Month, E)	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	ONSEQUENCE OF ON	OTHER: 4 Nursing	rlying cau	Se given in OF DEATH (Che + Rasidenca	Part I. eck only o	24a. WAS AN. PERFOR 1 YES 2 PERFOR 1 (Specify) SCRIBE HOW IN	MED?	CURED	WERE AUTOPSY FINDING: AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL 22. 1.25 1 1 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	was case referred to text and the second of	T T Condition O MEDICAL Pending investigation Could not be determined	b. DUE TO c. DUE TO d	(OR AS A C (OR AS A C death but (OR AS A C death but (Injury	ONSEQUENCE OF ON	OTHER: OTHER: 4 Nursing E OF URY M	rlying cau 26. PLACE C Home 5 C. INJURY A WORK? YES Office	Se given in OF DEATH (Che Transidence T 2 NO	Part I. sck only o 6 Other 286. DE	24a. WAS AN. PERFOR 1 YES 2 The second of the second of	MED?	Or Rural R	WERE AUTOPSY FINDING: AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL 22. 1.25 1 1 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	was case referred to the control of	T T Condition O MEDICAL Pending investigation Could not be determined IFYING PHYSI	b. DUE TO c. DUE TO d	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	ONSEQUENCE OF ON	OTHER: OTHER: 4 Nursing E OF URY M	rlying cau 26. PLACE C Home 5 C. INJURY A WORK? YES offica	Se given in OF DEATH (Che Hasidenca T 2 NO	Part I. eck only of the case	24a. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW IN STREET AND OF TOWN, State)	IJURY OCC	OURED OF Rural R	WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 INO
COMPLETED BY PHYSICIAN: MEDICAL 22. 1 1 23. 3 4 250. 3	was case referred to the control of	T T Int condition O MEDICAL Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE	DUE TO C. DUE TO d. MID ALC MOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, C. 28a. PLACE C building, CIAN: To the beat	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	ONSEQUENCE OF ON	OTHER: OTHER: 4 Nursing E OF URY M	rlying cau 28. PLACE C Home 5 C. INJURY A WORK? YES office data and p on, death o	Se given in OF DEATH (Che Tasidenca T 2 NO laca, and due ccured at the	Part I. eck only o. 8 Other 28d. DE 28f. LOC City to the car time, data	24a. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW IN STREET AND OF TOWN, State)	MED? NO NURY OCC The properties of the state of the st	or Rural A	WERE AUTOPSY FINDING: AWAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 INO Route Number;
PA PA PA PA PA PA PA PA PA PA	was case referred to text and the second of	T T Int condition O MEDICAL Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE	DUE TO C. DUE TO d. MID ALC MOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, C. 28a. PLACE C building, CIAN: To the beat	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	ONSEQUENCE OF ON	OTHER: OTHER: 4 Nursing E OF URY M	rlying cau 28. PLACE C Home 5 C. INJURY A WORK? YES office data and p on, death o	Se given in OF DEATH (Che Hasidenca T 2 NO	Part I. eck only o. 8 Other 281. LOC City to the cartime, data	24a. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW IN STREET AND OF TOWN, State)	MED? NO NURY OCC The properties of the state of the st	or Rural A	WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 INO



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

by the hospital or attending physician.	be detached for use as the bunal-transit per	at once.
THOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2iours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit per	be need within 72 hours after death with the State Lept. Of resent and montal process. Common, common, or consoling the notified at once. MPORTANT: it flow 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
quires that the death certificate be executed wit	n signed by the attending physician and comple	lows any injury, or other traumatic even
NOSPITAL OR ATTENDING PHYSICIAN: The law re	UNERAL DIRECTOR: After this certificate has bee	ANT: It Nom 28 is marked, or item 23 sh

Reginald B.

3

31. DATE FILED (Month, Day, Year)

Genmill,

199

32. REGISTRAR'S SIGNATURE

ulia Davidson

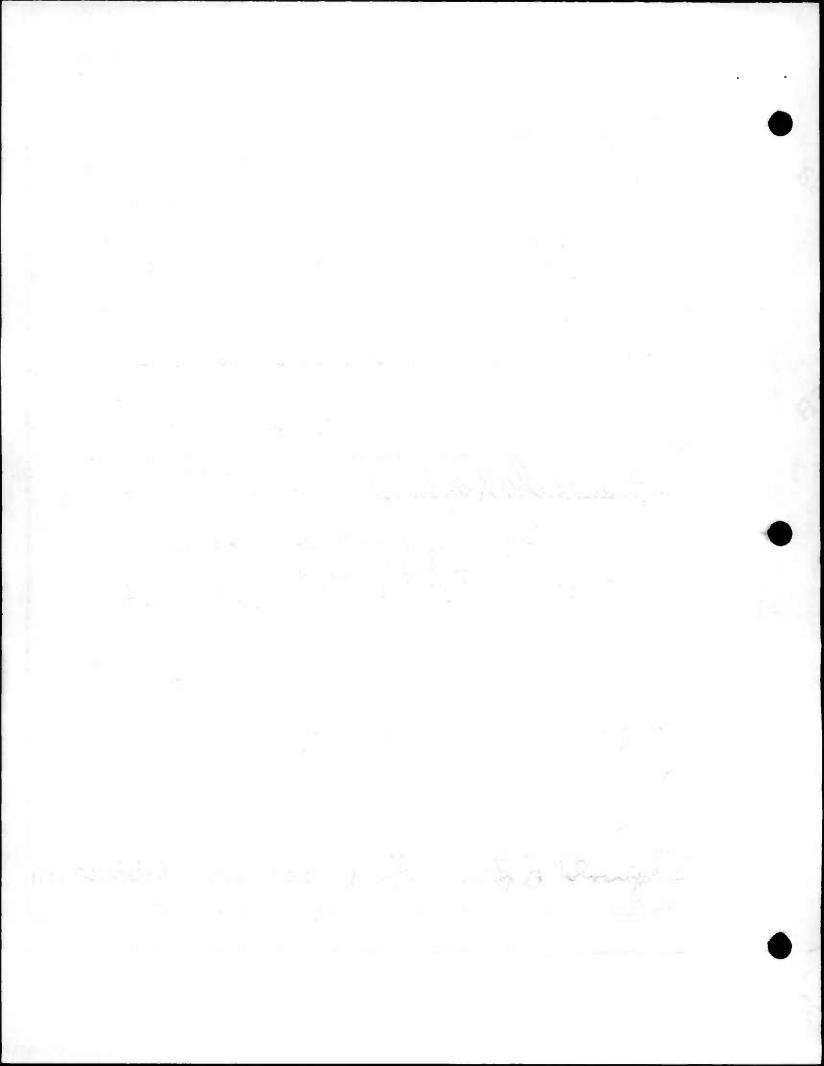
Pages 1, 2, 3 should

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR William Melvin Ford October 25,1991 2:50 7. DATE OF BIRTH (Month, Day, Year)
July 13, 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 😡 M 2 🗌 F 219-07-8025 71 YRS. 1920 Maryland 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH White Hall Harford DIRECTOR 5348 Norrisville Road RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland Harford White Hall 1 YES 2 1 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 5348 Norrisville Road 21161 U.S.A. 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Ricar

1 YES 2 NO Specify: 2 NO 1 Never Married 2 X Merried BY 3 Widowed 4 Divorced White ETED. 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Owner/Operator Trucking Company 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 17, FATHER'S NAME (First, Middle, Last) Harry Melvin Ford Elsie Mae Hulshart 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy M. Ford 5348 Norrisville Rd., White Hall, Md. 21161 20e. METHOD OF DISPOSITION

MXBurtel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Norrisville Cemetery 4 Donation 5 Other (Specify) Norrisville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 19 S. Main St., Stewartstown, Pa. 17363 Strederica 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, Approximate interval Between ehock, or heert fellure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final diseese or condition reaulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSTOUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 8 - Other (Specify) 4 I Nun 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) end menner ATURE AND TITLE OF DESTINES 29c. LICENSE NUMBER 29d AATE SAGNED (Month, Day, Year) BE Detroy 28, 1991 02 01 0 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

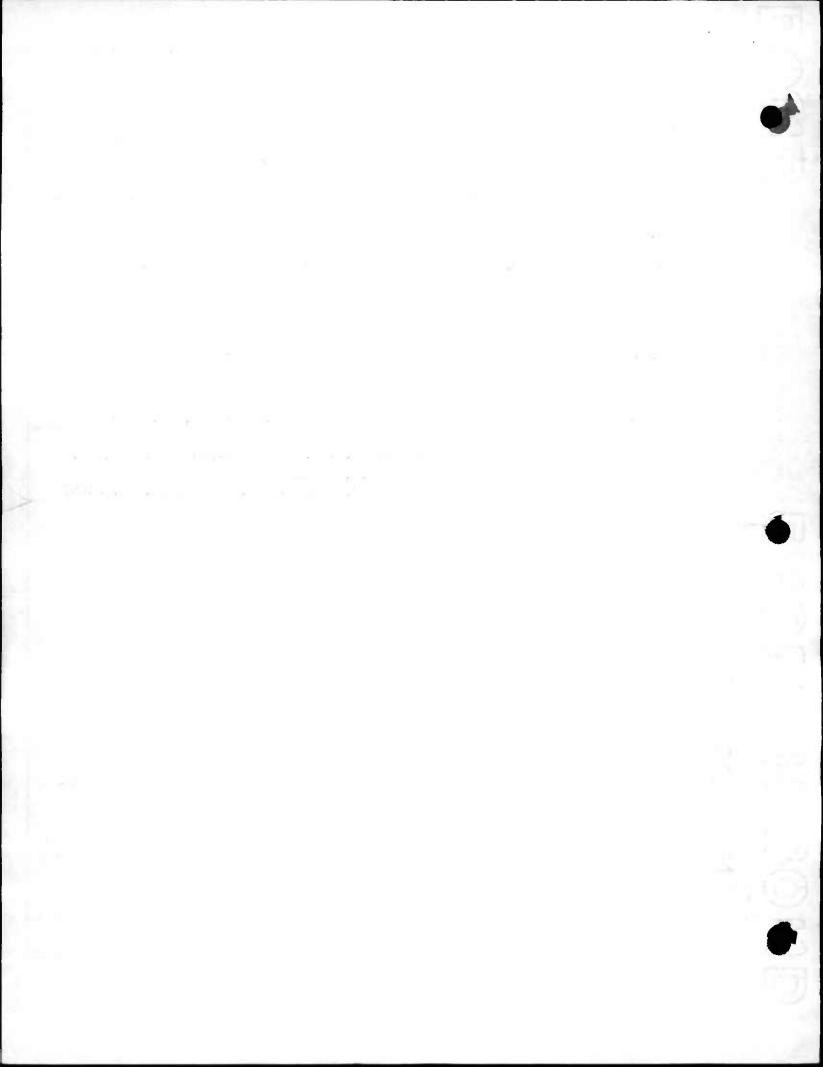
24 Springwood Ave., Stewartstown, Pa. 17363



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	TE OF DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	James	Gibso	n Sr.	2. DATE OF DEATH	5 9	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 249 18 7351	1)0 M 2 🗆 F 9		JNDER 1 YEAR IF UNDER 24 HT	49.4	1898	B. BIRTNPLACE (State or Foreign Country)
TOR	FAILS TON GRESIDENCE OF DECEDENT	itreet and number) 1 HOSE	T, MD	9c. COU	tarford		
DIRECTOR	MD • HARI	Y FORD	BEL A	WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 A YES 2 NO
FUNERAL	610 SOUTH SHAMR	OCK RD.		21014			USA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 NO S	exicen, Puerto Rican, atc		14. RACE — American Indian, Black, White, atc.
윤	15. DECEDENT'S EDU (Specify only highest grade	JCATION a completed)	16a. OECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working	16b. KIND OF	BUSINESS/INC	DUSTRY
COMPLETED	Elementary/Secondary (0-12) 6 th	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.) MOBILE HOME SALESMAN			ILE HOMES
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER	S NAME (First, Middle, Me	iden Surname)	
BE	UNKNOWN 190. INFORMANT'S NAME (Type/Print)		105 MAILING ADI	DRESS (Street end Number or F	UNKNOWN	Tour Chair 7	la Codel
2	ROBERT JAMES GIBS	SON JR.		TH SHAMROCK I			
	20a. METHOD OF DISPOSITION 1 Buriel 2 A Cremation 3 Rem	novel from State	0b. PLACE AND DATE OF	DISPOSITION (Name ther place)	LOCATION — City or Town, State		
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI		ETRO CREMAT				PIMORE, MD.
	► E. J. Lass	ahn		22 NAME AND ADDRESS OF TASSAHI 11750 BEL A			E, MD. 21057
CERTIFICATION	ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Pulmanay mic, lact,	Arres	}	Interval Between Onset and Deal Week
ERTIF	thet initiated events resulting in death) LAST	d	A CONSEQUENCE OF):	mini 5	neet		
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	hip Frac	but not resulting in the	ne underlying cause give	PE	S AN AUTOPSY REORMED? ES 2 ANO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEDITAL		26. PLACE OF DEAT	H (Check only one)		
YSI	1 TYES 2 NO	HOSPITAL:	utpatient 3 DOA 4	THER: ☐ Nursing Nome 6 ☐ Reside	ence 6 - Other (Specify)	
	27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		WORK? M 1 YES 2 N	28d. DEŞCRIBE N	OW INJURY OC	CURED
TED BY	Accident investigation Suicide 6 Could not be Homicide determined	28f. LOCATION (S City or Town,	treet and Numbe State)	er or Rural Route Number,			
COMPLETED	CONSON GINY			t the time, date and place, en			ated. the ceuse(e) end menner ee steled.
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENS			TE SIGNED (Month, Day, Year)
O BE	01	lle		02	7975	>	10/26/91
2	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF I	DEATN (ITEM 27) (Type, Pril	1 Bel Aco	- New	Rol	Arm AddINI
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE			41	



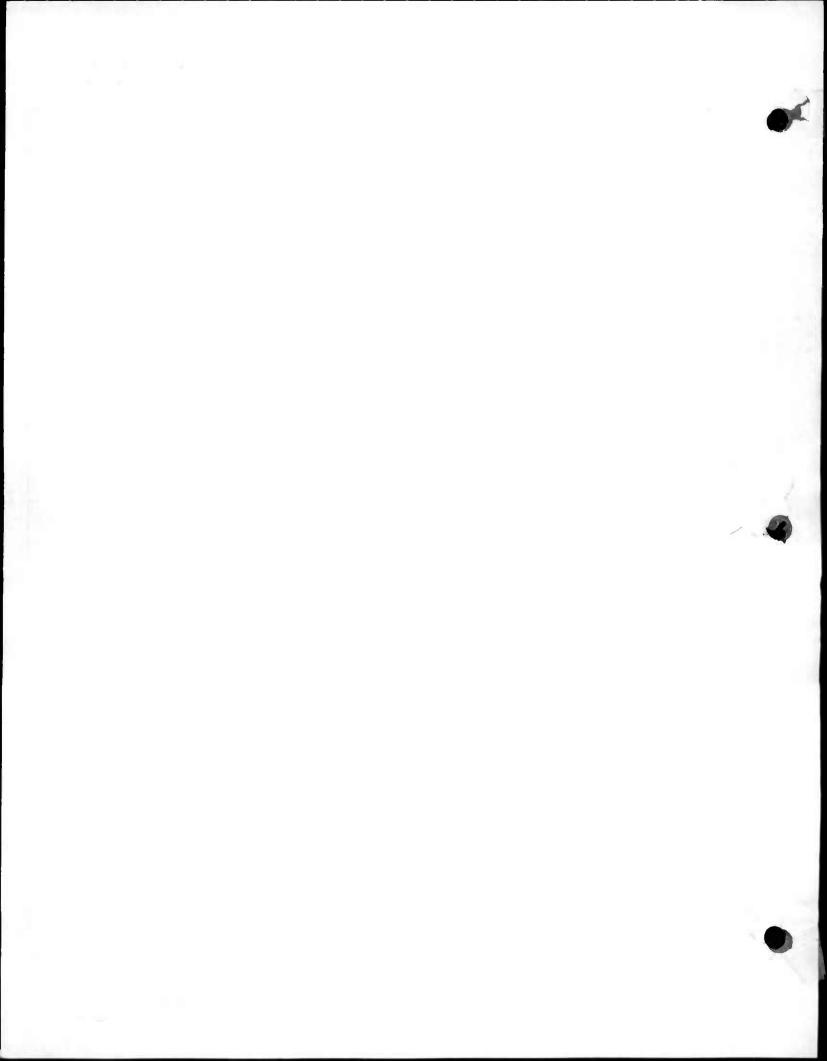
V		
4. 80		
2		
9e. F	1	
P	DIRECTOR	
RES	1 5	
10e.	W	
MA	5	
10e.	3AL	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			HYGIËNE REG. NO.	2343) 1.	
100	1. DECEDENT'S NAME (First, Middle, Lest William A. Gies					2. DATE OF MONTH	DEAT OCT 28,	YEAR 1	IME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-38-4222	1 🔀 M 2 🗆 F	(In yrs. lest birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		8. BIRTHPLAC Country) MARY	CE (State or Foreign	
TOR	90. FACILITY NAME (# not institution, give Peninsula General RESIDENCE OF DECEDENT			Salis	Boury	EATH		9c. COUNTY OF DEATH WICOMICO		
DIRECTOR	10e. STATE 10b. COUN	TIMORE		TOWN OR LOCAT		J.		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4801 ROYAHN AVI	ENUE		101	21236		10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	13. WAS DEC	ENDENT OF HISPAI ecity Cuben, Mexice 2 NO Specifi	NIC ORIGIN? (5 in, Puerto Rice y:	Specify Yee or No-			
COMPLETED	15. DECEOENT'S ED (Specify only highest grace Elementery/Secondery (0-12)	UCATION te completed) College (1-4 or 5 +) NA	16a. OECEOENT'S L (Give kind of we life. Do NOT use ASBESTOS	ork done during mo retired.)	st of working		ALTIMORE		COLUM	
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. GIESE		ADDED TOD	ADATEM	16. MOTHER'S NA ELEAN	CITY	JOVI.			
10		NFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19DA J. GIESEKING (WIFE) 4801 ROYAHN AVENUE, BALTIMORE, MD 212								
	20e. METHOD OF DISPOSITION 1	moval from State	REENMOUN	CREMA]	ORY ODDRESS OF FA	OATE	BALTIMO			
	SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMORE, M									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory errest, ehock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)									
CAL	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algorificant conditions contributing to death but not recuiting in the underlying cause given in Part I. Obestay 1 Yes 2X No								E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	•		ACE OF GEATH (Ch	eck only one)			YES 2 NO	
	YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 ☐ Inpatient 2 X ER/Outs 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ	URY AT RK?		BE HOW INJURY OC	CUREO		
ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)				ON (Street and Number own, Stete)	r or Rurel Route	Number,	
COMPLETED		SICIAN: To the best of my know IER: On the basis of examination							menner es stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	m6 Gullsday Deputy M.E. DO35						TE SIGNEO (Mon 0-28-9]		
	John T. Bulkeley, M.D., 108 Pine Bluff Road, Salisbury MD 21801 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 3 0 1991 Sulka Davidson—Randelle.									

TO THE HOSPITAL OF CITIENTS AND STACE RECORDS, P.O. BOX 68760, TO THE HOSPITAL OF CITIENTS AND STACE AND STACE OF COORDS.

TO THE HOSPITAL OF CITIENTS AND STACE AND S



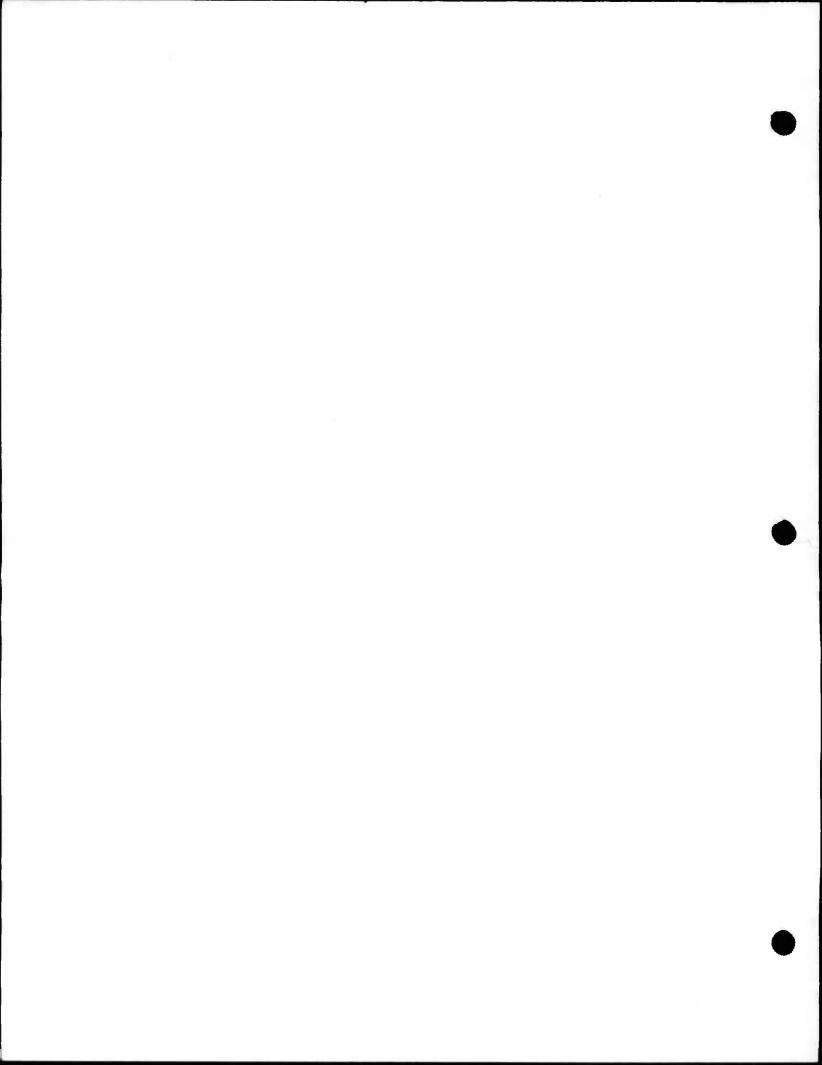
BALTIMORE, MARYLAND 21203-3146

OF VITAL RECORDS, P.O. BOX 13146,

TO THE HIGHTON OF CHARDING OF SIGNAY. The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLYETAL DIRECTION OF THE SIGNAY OF THE ACTION

	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND I	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	RUTH E.	HERRING			2. DATE O MONTH UCT	BER 20),199 ^{ve^n}	3. TIME OF DEATH	
		□ M 2 闪 F	E (In yrs. last birthday) 99 YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN. DOWN OR LOCATION OF DE	1	Day May ,	1892 8. BIRT	Maryland	
TOR	Maryland Masonic				Cockeysvil			Baltim		
- DIRE	Maryland Balti	more		ockey	sville				10d. tNSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	300 International	Circle	IN II C ADMED	12 14	21030	NIC OBIGINS		US		
B	1 Nover Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 (NO	lf y	res, specify Cuben, Maxica YES 2 THO Specif	n, Puarto Ri			CE — American Indian, ick, White, atc. outy: White	
COMPLETED		UCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND 16b completed 16l of the work done during most of working 16b. KIND 16b.						NESS/INDUSTRY		
N N	17. FATHER'S NAME (First, Middle, Last)		Hor	nemake	18. MOTHER'S NA	AME (First, Mi		OME		
BE C	Elmer E. Herring						. Hami			
TOB	190. INFORMANT'S NAME (Type/Print) Nd. Masonic Home:	S			street and Number or Aural national Ci				, Md. 21030	
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	at from State	other place)	udon	of comotory, crometory or Park Cemete			ition — city or Itimore	Town, State , Maryland	
	21. SIGNATURE OF PUNERAL BERVIOL LICEN	Bunger 1510e, Jr.	i. d.		Me and address of FA Mitchell-W 6500 York	iedefe				
	23. PART I. Enter the disesses, or con ahock, or heart fellure. Lie			not enter th	ne mode of dying, aud	ch aa cardi	ec or respira	itory arrest,	Approximate Interval Between	
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	Pneumonia DUE TO (OR AS A CONSEQUENCE OF):								
_	Respiratory Arrest									
PT O	Sequentielly list conditions, if eny, isading to immediate ceuse. Enter UNDERLYING	y, isading to immediate								
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST									
CAL	PART II. Other aignificent conditions	contributing to death	but not resulting	In the und	erlying cause given in		24a. WAS AN AI PERFORM 1 TYES 2	ED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDI									1 [] YES 2 [] NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C/	heck only one)			
1XSI		28a. DATE OF INJUR		4 - Nursic	ng Home 5 Residence	_		JURY OCCURED		
	1 Netural 5 Pending	(Month, Day, Year		JURY M	WORK?	200. DEQ	JIIIDE 110W III	JOHN GOOGHED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factor	y, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:				ne, data and place, and du				e(a) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF DEPOFFER	1 14/	5		200. LICENSE NU	IMBER		29d. DATE SIGN	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMBI EXEC CYTICS OF	Jan	- Delet	1/25	488		Oct	ober 21, 1991	
	The state of the s	M.U. 300	Internati		Circle, Coo	ckeys	ville.	Md. 2	1030	
Paul M. Rivas, M.D. 300 International Circle, Cockeysville, Md. 210 31. DATE ELEP (Month, Day, Year) Jaz medistrants signature										



DHMH-16 Rev 1/89

TO THE NORPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL-DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	OF MARYLAN	D / DEPAR	TMENT O	HEALTH AND	MENTAL HYGIEN		29436			
	1. DECEDENT'S NAME (First, Middle, Lest) Stanley B.	HEBB				2. DATE OF DEATH	5 / 9	3. TIME OF DEATH 12:35 A			
	4. SOCIAL SECURITY NUMBER 5. SEX 218-03-6244 XXXX M 2	□ F 80	s. lest birthday) YRS,	IF UNDER 1 YE	S HOURS MIN.	7. DATE OF BIRTH (Month Day (Ser))	911	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	ea. FACILITY NAME (If not institution, give street and num Franklin Sqaure Hosp:			9b. CITY, TO	n or location of de Rossville	EATH		y of DEATH imore County			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne Arus	ndel	10c, CIT	Y, TOWN OR LO	CATION Arnold			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER 945 Shore Acres Rd.				101. ZIP CODE 21012		1 YES				
FUNERAL	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN U.S	NO	13. WAS		IIC ORIGIN? (Specify Yea	or No — 14	USA 4. RACE — American Indian, Black, White, etc.			
ED BY	3 Wildowed 4 Divorced IF YES. 15. DECEDENT'S EDUCATION	GIVE WAR OR DATES	MM TT	10	YES 2 NO Specify			Specify: White			
COMPLETE	(Specify only highest grade completed) Elementary/Secondary (0-12) 12th grade College (1	usual occup rork done during e retired.) river	ATION most of working	a Oil	- A						
BE COM	12th grade Truck Briver American Oil Compa 17. FATHER'S NAME (First, Middle, Lest) Joseph Stephen Hebb 18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary Belle Battee										
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Alice Burkhardt		196. MAILING 945 S	ADDRESS (Street	et end Number or Rural F	Foute Number, City or Town	n, State, Zip Ci				
	ASTHOO OF DISPOSITION Bullat 2 Cramation 2 Removal from 9 Control	20b. PLA	DATE 20c. LO	20c. LOCATION — City or Town, Stata 1 Balto., Md.							
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE LESSAL JUNIOR	Some			AND ADDRESS OF FACE	ral Home					
	23. PARTA. Enter the diseases, or complication shock, or heart fellure. List only o	ns that caused the	deeth. Do n	ot enter the	mode of dying, auct	Rd. Balto.	matory arres	t, Approximata			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Sepsis Due to (or as a consequence of):									
Z	Sequentially list conditions Small Bowel Obstruction										
CATIC	if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CON	A CONSEQUENCE OF):								
CAL C	PART II. Other eignificent conditione contribut	ing to deeth but no	ot reaulting in	tha underly	Ing cause given in I	Part I. 24s. WAS AN PERFORI		24b. WERE AUTOPSY FINDINGS			
MEDIC	Adult Respiratory Acute Renal Failu		s Syndr	come		1 D YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	Coagulopathy 25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 NO			
PHYSICIAN:	EXAMINER?	AL:		OTHER:	PLACE OF DEATH (Che						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Notation Investigation	ATE OF INJURY fonth, Day, Year)	28b. TIME INJU	OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCUR	RED			
	3 Suicide Could not be 26e. Pl	LACE OF INJURY — At allding, etc. (Specify)	homa, term, at	reet, factory, o	fica	28t. LOCATION (Street as City or Town, State)	nd Number or	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the Decide Standard Control on the	beat of my knowledge,	death occurred	i at the time, d	its and place, and due to	to the cause(a) and mani	ner ea ataled.	eues(s) and manner on stated			
TO BE C	296 STRATUNE AND TITES OF CHILIFER 30. NAME AND ADDRESS OF BERSON WHO COMPLETE	hal	10	0	29c, LICENSE NUM			IGNED (Month, Day, Year)			
	MELANIE MAR	SHALL GISTRAR'S SIGNATURE	MO		FRANK	LIN SOIL	IARE	BALTO MAZIB			
	OCT 3 0 1991 Julia	Davidson-Ro	ndell								

TO BE COMPLETED BY FUNERAL DIRECTOR

DALIMONE, MANILAND	ID THE HENDEL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a your after death. Page 6 may be retained by the hos	TO THE PRINTING Affect that this conflicts has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be the wester Proporties with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Ihm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MINISTER OF VIEW DECORDS, F. C. DOA 13146,	The	TO THE FIRST PARTIES OF ARE THE COMPLETE BEST DOOR SIGNED BY THE Attending physician and completely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the first incompletely filled in by the fille	tem
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TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

MORMA N
31. DATE FILEO (Month, Day, Year)

DCT3

1991

92. REGISTRAR'S SIGNATURE LAND

1 - STATE REGISTRAR		STATE OF N	MARYLA		RTMENT 0		EALTH AND	MENTAL	HYGIEN REG. NO.	E 9		29431
1. DECEDENT'S NAME (First, M	liddle, Last)		**						OF DEATH		3	L TIME OF DEATH
ANNA HAF		V						MONTH		4- 91	EAR	2:30 p M
4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday			IF UNDER 24 HRS.	7. DATE	OF BIRTH	18	BIRTHPL	LACE (State or Foreign
212-74-5394	^	1 □ M 2 🂢 F	9	7 YRS.	MONTHS DA	YS	HOURS MIN.	I-	14-189	4	Mar	yland
9e. FACILITY NAME (If not instit	tution, give s	treet end number)			9b. CITY, TO	WN C	R LOCATION OF D	EATH		9c. COUNT		
RIVERVIEW	NURS	SING CE	VTRE	, INC.		Es	sex			Ba	ltim	ore
ISSECTION DISCOURT TO A SECOND DESCRIPTION OF THE PARTY O	Ob. COUNT			10c. C	ITY, TOWN OR L						1	0d. INSIDE CITY LIMITS?
Maryland	Bal	timore			Ros	ed	ale				1	YES 2 NO
9226 Rave	enwoo	d Rd.				10f	2123	37			N OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Me 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN YES	U.S. ARMED 2-10-10-10-10-10-10-10-10-10-10-10-10-10-	If ye	s, sp	ENDENT OF HISPAI ecity Cuben, Mexico	in, Puerto F	? (Specify Yes lican, atc.)	or No — 1	I. RACE Black, \ Specify:	- American Indian, White, etc. White
15. DECED (Specify only h	ENT'S EDU	CATION completed)		18e. DECEDENT	'S USUAL OCCU	PATIC	ON et of weeting	18b.	KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12 /th grade	2)	College (1-4 or 5	+)	life. Do NOT	ewife	y mo	at or working		Homen	aking		
17. FATHER'S NAME (First, Middle John Meie		ein					18. MOTHER'S NA	ME (First, A		Surname)		
190. INFORMANT'S NAME (Type Gloria J.		ner					nd Number or Rural				ode) 2 37	
20a METHOD OF DISPOSITION 1 Burlet 2 Cremation 4 Donation 8 Other (S	N 3 □ Rem	oval from State			osition (Name of		netery, cremetory or etery			CATION — CH		n, State Maryland
21. SIGNATURE OF FUNERAL		CENSEE					p appress of Fa	CILITY -				3
		Received				74	01 Belai	r Rd	. Balt	-		21236
23. PART I. Enter the diseasock, or hee iMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure.	Liet only one car	iee on as	ch ilna.			FAIL		liac or reepi	ratory street	it,	Approximate Interval Between Onset and Deeth
		DOE 10	Λ.	4.00	OF):							10 100
Sequentielly list condition		b		CONSEQUENCE	OE).							10 900
if any, leading to immedia cause. Enter UNDERLYING		002.10	(011 10)	Q7	Orj.							15 ULK
CAUSE (Disease or injury that initiated events resulting in deeth) LAST		e. OUE TO	(OR AS A	CONSEQUENCE	OF):							13 74
	-	d										+
PART II. Other eignificant	condition	e contributing to	death bu	t not reaultin	g in the under	iyin	g Ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MEO?	â	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 2 NO
												/
25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:	ER/Outpe	tlant 3 DOA	OTHER:		ACE OF DEATH (Ch					
27. MANNER OF DEATH		28e. DATE OF	INJURY		///	_	URY AT		CRIBE HOW I	NJURY OCCU	REO	
1 Natural 5 Pe 2 Accident Im	nding restigation	(Month, E			M 1		RK? res 2 No					
	ould not be termined	28e. PLACE (building,	etc. (Specif	– At home, fam y)	n, atreet, factory,	offic	•		ATION (Street of or Town, Stelle)		Rural Roo	ite Number,
onel		ICIAN: To the best of										and manner as stated.
29b. SIGNATURE AND TITLE O							29c. LICENSE NUI					Month, Day, Year)
	CERSON WI	Klein	CE OF DE	Mus	no Orient		MD- 1			D 15	/251	141
KORMAN	R	KLE (M.	IN DEA	MUD -	3803	3	DROND	-ow	Aus	-1341	TO	MO21224

1994AR

3. TIME OF DEATH

11:30 A. M

DHMH-18 Rev 1/89

2. DATE OF DEATH MONTH, OCTOBER 25,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

David I.

Hurwitz

6,	within
1314	executed
K	2
C.	certificate
	death
0	the the
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ECO	requires t
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V	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 min
/ISION	ATTENDING
\leq	OR
_	HOSPITAL

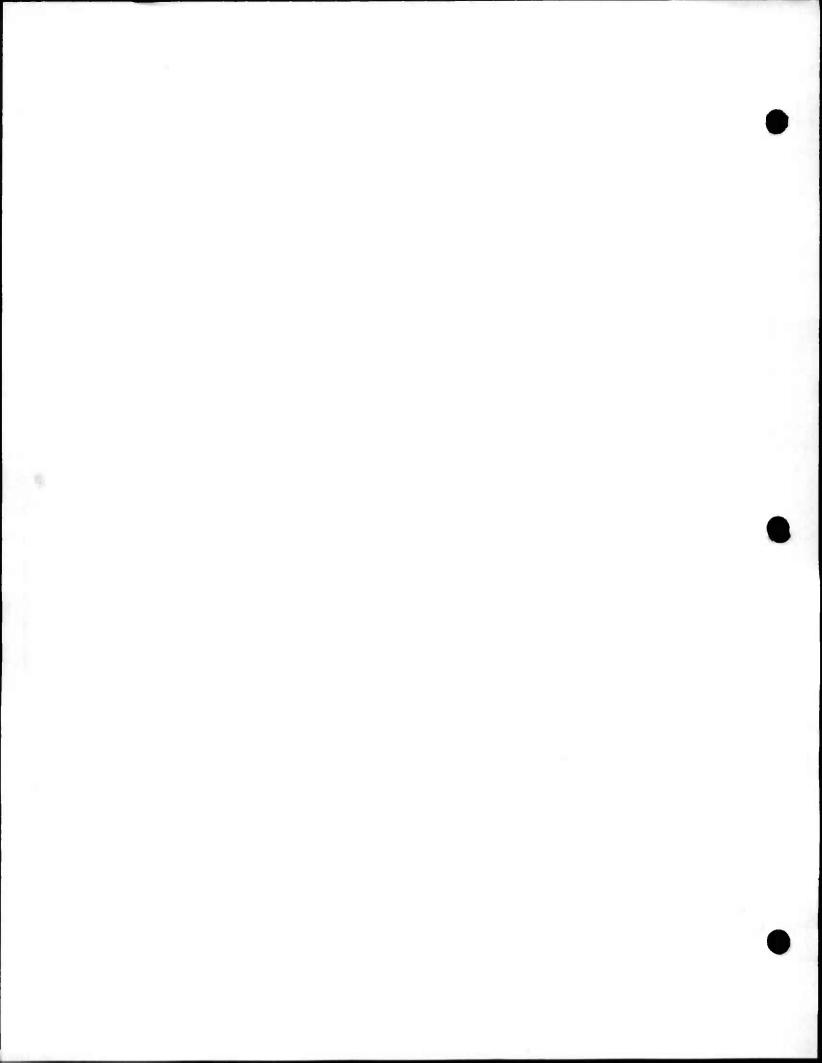
1	4. SOCIAL SECURITY NUMBER 578-64-2116	0441				F UNDER 1 YEAR IF UNDER 24 HRS. 7.		7. DATE OF BIRTH (Month, Day, Year) NOU 30, 1		1946 B. BIRTHPLACE (Stene or Foreign Country) Washington, D.		
OR	90. FACILITY NAME (If not institution, give 1995 Milboro Driv				96. CITY, TOWN C	OR LOCATION OF E			9c. COUNTY			
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNT Maryland Mona	tgomery			TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1991 Milboro Driv	16		1	101	20854			_	S. A.		
BY FUN	11, MARITAL STATUS XX Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2	RMED NO	If yes, sp	ecity Cuben, Mexic 2 AO Spec	an, Puerto		or No 14.	RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5-4 Years) III	160. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Social Service Researcher					16b. KIND OF BUSINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Aaron Hurwitz 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Edith Wiseman											
TO B	180. INFORMANT'S NAME (Type/Print) Edith Wiseman Hu	vwitz	11	96. MAILING / 1991 N	MUBORO	Drive,	Rocks Rocks	ille,	n, State, ZIP Co Marylo	and 20854		
	20a. METHOD OF DISPOSITION 1		Mad	tin Bo	rkodesh	notery, cromatory or Society		Bro	oklyn,	or Town, State New York		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.											
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST B / C A M C C A N C C C A N C C C C C C C C C C C											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								24a. WAS AN AUTOPSY PERFORMED? 1 YES A PINO 24b. WERE AUT MAILABLE COMPLETI OF DEATH 1 YES			
ż	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
/SICIAN:			☐ ER/Outpatient	3 🗆 DOA	OTHER:							
BY PHYSI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1 Inpatient 2 (28e. DATE OF (Month, D) 26e. PLACE OF	INJURY Pay, Year)	28b. TIME	OTHER: 4 Nursing Hore OF 28c. IN.	ne 6 Mesidence JURY AT DRK? YES 2 NO	6 Oth	er (Specify) ESCRIBE HOW I	and Number or	RED Rural Route Number,		
ETED BY PHYSI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. DATE OF (Month, E) 26e. PLACE C building,	FINJURY Per INJURY — At It etc. (Specify) Tmy knowledge, c	28b. TIME INJU	OTHER: 4 Nursing Hon 5 OF	DURY AT DIRY YES 2 NO	261. LO	CATION (Street y or Town, State)	and Number or			
BE COMPLETED BY PHYSI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 2 MEDICAL EXAMINE) 29b. SIGNATURE AND TITLE OF CERTIFIER 1 MEDICAL EXAMINE	28e. DATE OF (Month. I. 26e. PLACE Of building.) SICIAN: To the best of deep	FINJURY At hetc. (Specify) my knowledge, commented and/or	3 DOA 28b. TIME INJU	OTHER: 4 Nursing Hon EOF 28c. IN. HY M 1 Irreet, factory, offic d at the time, date n, in my opinion, o	JURY AT JRK? YES 2 NO	26f. LO City of time, dark	CATION (Street or Town, State) susse(e) end meile end place, er	nner ee stated. d dus to the c	Rural Route Number, teuse(s) and memor as stated. IGNED (Month, Day, Year)		
E COMPLETED BY PHYSI	EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINATION 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON W	28e. DATE OF (Month, E) 26e. PLACE OF building, 3ICIAN: To the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of elements of the best of the bes	FINJURY At hetc. (Specify) my knowledge, commented and/or	3 DOA 28b. TIME INJU	OTHER: 4 Nursing Hon EOF 28c. IN. HY M 1 Irreet, factory, offic d at the time, date n, in my opinion, o	DURY AT DIRY YES 2 NO See send place, and death occurred at the 29c. LICENSE N	26f. LO City of time, dark	CATION (Street or Town, State) susse(e) end meile end place, er	nner ee stated. d dus to the c	Rural Route Number, teuse(s) and memor as stated. IGNED (Month, Day, Year)		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	wurs after death. Page 6 may be retained by the hospital or attending physician.	is certificat the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-transit permit. Pages 1, 2, 3 should	r removal.	iedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAIN. The resembles the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificat	be lifed within 72 hours after death with the State Learning and mental hygierle prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 thous they injury, or other traumatic event, the medical examiner must be notified at once.

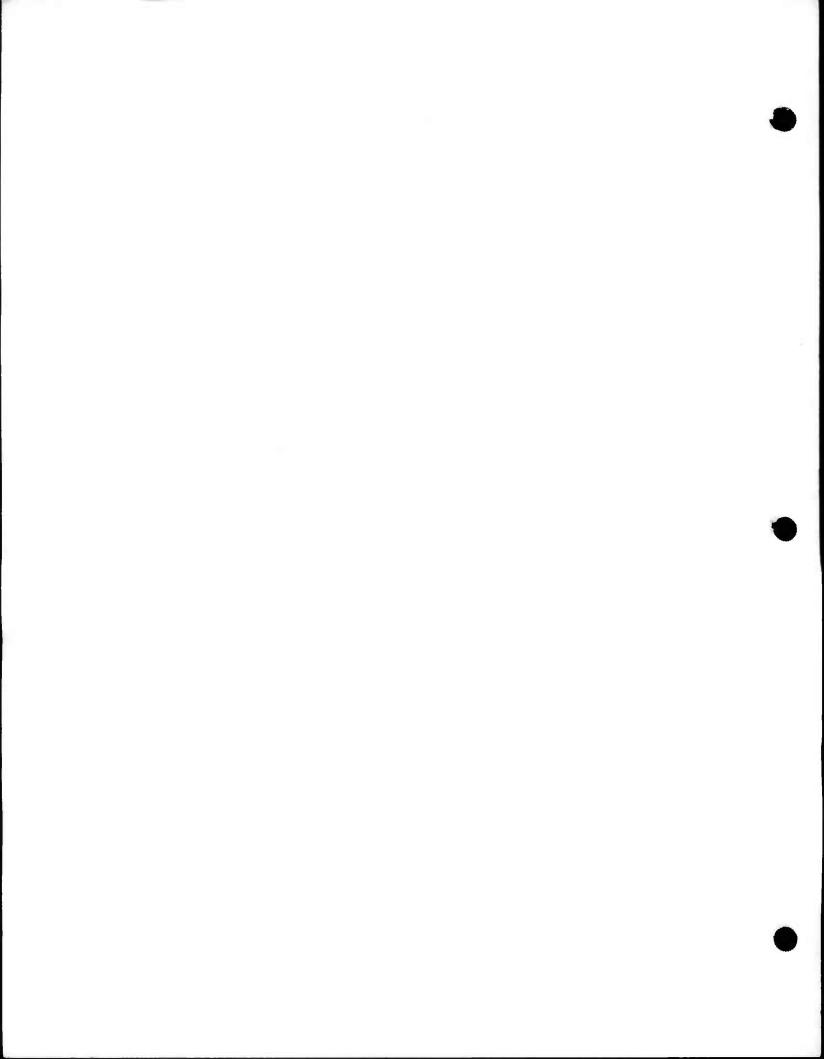
	1 - FOR STATE REGISTRAR	STATE OF		D / DEPAR CERTIF					MENT		-	29	439
	1. DECEDENT'S NAME (First, Middle, Last)			CERTI	ICALL	UF.	DEA	In_	I 2. DAT	REG. NO).		3. TIME OF DEATN
- 2	OLIE C. HELM	ICK							MON	TH D	AY	9/	12 45 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr:	s. lest birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTN	0		HPLACE (State or Foreign
	236-24-5310	1 XM 2 F	66	YRS.	MONTHS 1	DAYS	HOURS	MIN.	(Mor	18-25		Count	77)
	9a. FACILITY NAME (If not institution, give a	street and number)			96. CITY, T	OWN C	OR LOCATI	ION OF DI		10-25	9c. COU	NTY OF C	VIRGINIA
DIRECTOR	2219 GAYLAWN DR	IVE,					IMOR					ALTI	
	MARYLAND 106. COUNT	BALTIM	10RE	10c. CIT	Y, TOWN OR		TIMOI	RE					10d. INSIDE CITY LIMITS? 1 YES 21 NO
FUNERAL	100. STREET AND NUMBER 2219 GAYLAWN DRIV	VE				101.	212	ε 227				IZEN OF V	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S	ARMED	13. WA	S DEC	ENDENT (OF HISPAN	NIC ORIG	IN? (Specify Yes	s or No-	14. RACI	E — American Indian, k, While, alc.
D BY	3 Wildowed 4 Divorced		WWII		10	YES	2 <u>X</u>) NO	Specify	ecity: Specity:				
TE	15. OECEDENT'S EDU (Specify only highest grade	e completed)		(Give kind of	work done dun			ng	16	b. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5		STOCK	,				I	RETAIL	- MO	NTGO	MERY WARD
	17. FATNER'S NAME (First, Middle, Last)						ME (First,	Middle, Malden					
B	GORDON HELMICK 19a. INFORMANT'S NAME (Type/Print)							THA		LONG	-		
2	SUSAN HELMICK							nber, City or Tow			0.7		
	SUSAN HELMICK 2219 GAYLAWN DRIVE, BALTIMORE, MD. 21227 20s. METNOD OF DISPOSITION 1 Ty Burist 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Company												
	4 🗋 Donation 5 🗆 Other (Specify)			NSVILL				Μ.		-31 CRC	WNSV	ILLE	, MARYLAND
	21. BIGNATURE OF FUNDRAL SERVICE LIE	me H	5		HUB	BAF	RD FU	UNERA	CILITY AL H	OME IN	С.		MD. 21229
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
N: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									24a. WAS AN PERFOR 1 YES 2	MED?	246.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	***************************************				26. PL/	ACE OF DE	EATN (Che	ck only o	ne)			
rsi	1 TES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Nome	5 K Ra	eldence	6 Othe	or (Specify)			
PH	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIMI	E OF 28	c. INJU	JRY AT			SCRIBE NOW II	NJURY OCC	URED	
B	1 Netural 5 Pending 2 Accident Investigation				M 1	☐ Y	E\$ 2 [NO					
	3 Suicide 8 Could not be 4 Nomicide determined	28e, PLACE Of building,	F INJURY AI etc. (Specify)	home, farm, e	treet, lactory,	offica			281. LOC City	ATION (Street s or Town, State)	nd Number	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, semination and/	, death occurre for investigation	d at the time,	, date a	end pleca,	end dua t	to the ca	use(e) and man	ner aa state	ed. a cause(a) and menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	211	7111			T		NSE NUM		,	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WING	ugus o	//L			\perp	De	73	5	0	> /	0/2	8/91
		1/				· A Т/	ONT AT	ווואידיי	- DA	TUTMOD	E M/	DVI	21227
	31. DATE FILED (Month, Day, Year)	23. REGISTRA	- 3rd	Ε	-900 0	AIC	JN A	/ ENUI	E-DA	LIIMUK	E, MA	AKILA	AND 21227
	06130 1991	funa Davids	on-Randi	182									



Day, Year)

	FOR STATE REGISTRAR		STATE OF N	MARYL			TMENT				MENT	AL HYGI REG.		7		29440
	1. DECEDENT'S NAME (First	, Middle, Last)				6				T		TE OF DEATH	DAY	YEAR	3.	TIME OF DEATN
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	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE ((in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTH)	8. BIF	THPLA	NCE (State or Foreign
	212-05-25	589	1 M 2 D F		76	YRS.	MONTHS	DAYS	HOURS	MIN.		4/13/1				NDIANA
	9a. FACILITY NAME (If not in	nstitution, give	street and number)				9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH	L-1-1-10	9c. CO	UNTY O	F DEAT	н
DIRECTOR	St. Agnes	Hosp	ital	_				Bal	timo	e .						
H	10e. STATE	10b. COUNT	TY			10c. CI1	Y, TOWN O	R LOCAT	TION						10	d. INSIDE CITY LIMITS?
	MARYLAND		VARD				ELK	RID	GE						1 [YES 2X NO
\¥	10e. STREET AND NUMBER							101	. ZIP COD	E			10g. CI	TIZEN O	F WNA	T COUNTRY?
FUNERAL	7734 WASH	INGTO								1227			_	ŞA		
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12	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	TANI	K RO	OM OF	PERA	TOR				ISTIL	LER	Y	
COMPLET	17. FATHER'S NAME (First, N	fiddle, Last)							16. MOT	HER'S NAI	ME (Firs	t, Middle, Ma	den Sumame)	,		
Ш	JOSEPH FRA	NK HE	RRICK, SR	١.					MA	AUDE	DE	VILLA	FULL	MER		
0	19a. INFORMANT'S NAME (Type/Print)		_	196	, MAILING	ADDRESS	(Street s	and Numbe	or Rural R	loute No	umber, City or	Town, State, 2	Zip Code)		
2	DALE YOE				4	444 1	ROUND	-UP	ROAI	, LU	ISBY	, MD.	206	57		
	20s. METHOD OF DISPOSIT	TION	movel from State	20t		OF DISPO	SITION (Na						LOCATION -		Town,	State
	4 Donation 5 Dother (Specify) MEADOWRIDGE MEMORIAL PARK ELKRIDGE, MARY							YLAND								
	21. SIGNATURE OF FUNERA	AL SERVICE L	ICENSEE		,							IOME	TNC			
	HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE,						. MI).	21229							
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such se cardiac or respiratory errest, intervel intervel.								Approximata							
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900 Caton Avenue, Baltimore, MD 21229



Pages 1, 2, 3

permit.

once.

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page 5 should be detached for use as the burial-transit HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, notified pe must funeral director, examiner filled in by the medical the cremation. signed by the attending physician and completely in Heath and Mental Hyglene prior to burial, crematic event. traumatic other shows any injury, If this certificate has been sight with the State Dept. of He arked, or Item 23 shows marked. DIRECTOR: After to hours after death 28 is TO THE FUNERAL DIRECT
No. 11et within 72 hours at
IMPORTANT: If item 2 Ħ

31. DATE FILED (Month, Day, Year)

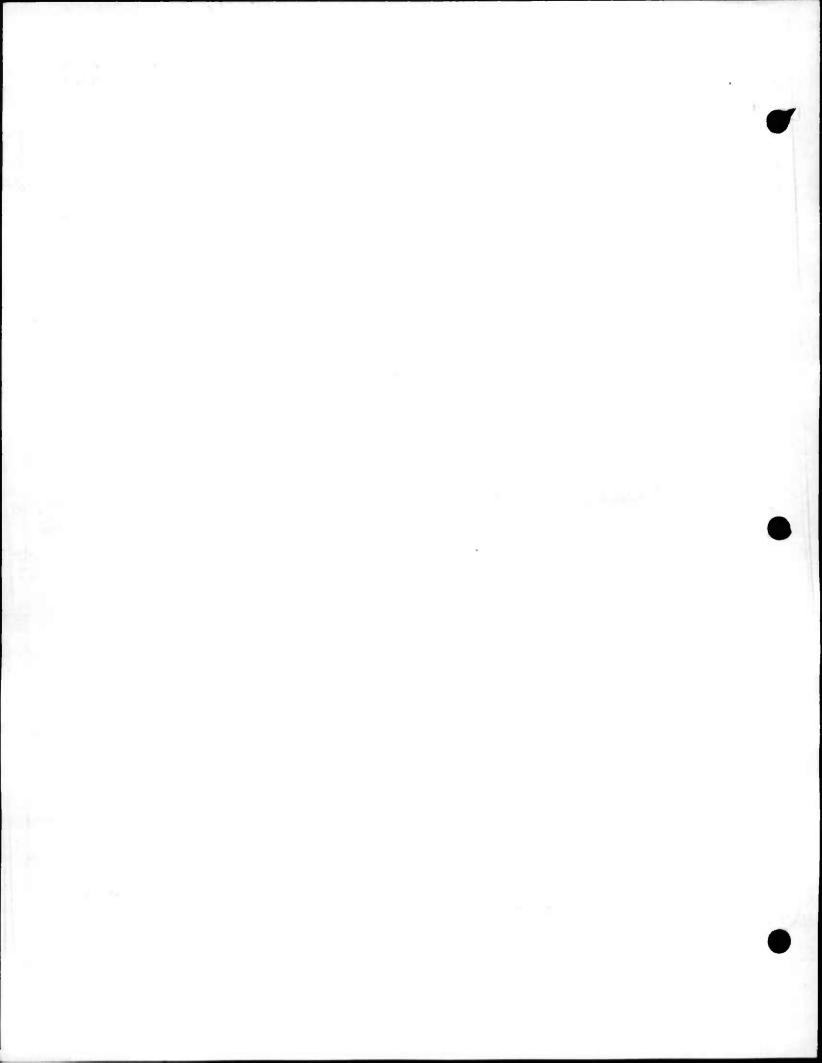
1991

OCT3

fulia Davidson-Randell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PORIS 00. 20A M JONES 10 21 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS 5/30/1929 194-22-9629 62 YRS. Delaware 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Wicomico Peninsul General Hospital Salisbury RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWH OR LOCATION MILLSDORO 10d. INSIDE CITY Delaware Sussex 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 19966 10g. CITIZEN OF WHAT COUNTRY? 105 Jersey Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Ricen, etc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2XX Married BY 3 Wildowed 4 Divorced Specify white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 11 homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Nichols Margaret Holsten BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rhonda Jones Rt. 9 Box 326, Millsboro, Delaware 19966 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Millsboro Cemetery 10/29 Millsboro, Delaware 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Watson Funeral Home, Millsboro, Delaware Mechan cor 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. Liet only one ceuse on each line. interval Batween Onset end Death diseese or condition resulting in desth) DUE TO (OR AS A CONSCOUENCE OF): CAR DID CENIL
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION SHOCK Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING PROBABLE MYOCARDIAL CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Ninpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Realdence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME DF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending м BY 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 209/2 Md. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within afficions after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Marketon to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Marketon tranmatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI	912	29442
	DECEDENT'S NAME (First, Middle, Last)	ohn	PAL	MER		2. DATE OF DEATH	YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 7/7 - 07 - 7/69 90_EACILITY NAME (If not institution, give stre	1 M 2 D F 7	8 YRS. MON	THE DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 2 - 18 - 13	9c, COUNTY C	IRTNPLACE (State or Foreign ountry) FOLIA (A) PERSONN
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Tursing.	HANNE 10c. CITY, TO	Bal	to. and			10d. INSIDE CITY
	M.D. 10e. STREET AND NUMBER			TIMO			10g. CITIZEN	LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
	5400 ACADEMY R	OAD 12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO	If yes,	21229 ECENDENT OF HISPAI specify Cuben, Mexice ES 2 NO Specific		or No- 14. F	US RACE — Americen Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	ATION completed) College (1-4 or 5+	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during i ired.)	TION most of working	18b. KIND OF BUS	I SINESS/INDUSTR	BLACK
	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN		LABURE	K	16. MOTHER'S NA	ME (First, Middle, Maiden Y LEE	Sumame) PALM	ER
	190. INFORMANT'S NAME (Type/Print) EVELYN GOODWII 200. METHOD OF DISPOSITION	200	19b. MAILING ADD	20TH	ST. BAI	Route Number, City or Tow.		18
	1 Burial 2 Cremetion 3 Removed 1 Donetion 5 Other (Specify)		GARRISON		EST VETI AND ADDRESS OF FA		NGS M	ILLS, M.D.
	23. PART I. Enter the diseases, or co	omplications that sauce	d the death. De not					IN. MONROE
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) a	let only one cause on a	V A	Silver the r	node of dying, suc	n as cerolec or reepi	ratory errest,	Approximete Interval Between Onset and Death
	Sequentielly liet conditions, if any, leeding to immediate		A CONSEQUENCE OF):	M	2			
1	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF):					
1	PART II. Other significent conditions	contributing to deeth i	but not resulting in the	ne underly	ing cause given in	Part I. 24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 4 &	Nuraing N	PLACE OF DEATH (C)	8 - Other (Specify)		
	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME Of INJURY Y — At home, ferm, stree	M 1	NJURY AT NORK? YES 2 NO	28d. DESCRIBE NOW I 28f. LOCATION (Street city or Town, State)	and Number or Ri	
	one)	CIAN: To the best of my know	wledge, death occurred a			n to the cause(a) and man	nner as stated.	use(a) and manner as stated.

O COMPCETED CAUSE OF DEATN (ITEM 27) (Type, Print)

12. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (M

OHMH-16 Rav 1/89

.1 **

DHMH-18 Rev 1/89

LAN	the hos	e detach	t once.
BALLIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
RE, I	тау be	H. page	st be n
O M	Page 6	al directo	ner mu
SALI	r death.	he funera	ехаш
_	ours afte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
	in 24 hi	ety filled nation, o	t, the n
8/60	uted with	complet	c even
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	be exec	cian and or to bu	aumati
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5	uires th	Signed Health	ows an
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Z .	AN: The	State C	r Item
2	HYSIC!	this cert with the	ked, o
	DING	After death	s mar
2	ATTEN	CTDR:	28
5	L OR	- DIRE hours	item
	SPITAL	VERAL Vin 72	
	E HOS	E FUN	RTA
	TO TH	TO THE	IMP0

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH		GIENE G. NO.	21	29443	
1. DECEDENT'S NAME (First Middle, Las	mmel				2. DATE OF DE	ATH DAY	YEAR 3. 1	ROAS M	
4. SOCIAL SECURITY NUMBER 218268492	5. SEX 6. AGE	74 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 4-11-1	TH Year)		e (State or Foreign	
90. FACILITY NAME (If not institution, give Good Samarita RESIDENCE OF DECEDENT			Baltim	OTE	EATH	9c, COUN	TY OF DEATH		
Maryland 10b. coun	пу		town on Locat					INSIDE CITY LIMITS? YES 2 NO	
100. STREET AND NUMBER 253 S. Highla			101.	21224			S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 XNO	13. WAS DECI If yes, spe 1 YES	endent of Hispar city Cuben, Mexice 2 NO Specifi	n, Puarto Rican, a	olfy Yes or No— etc.)	14. RACE — A Black, Wh Saw hi		
15. DECEDENT'S ED (Specify only highest grave Elementery/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use of HOMEM)	rk done during mos retired.)	N t of working		OF BUSINESS/INDU	JSTRY		
17. FATHER'S NAME (First, Middle, Lest)		Tiomeni	arei	18. MOTHER'S NA	Hor				
Lawrence	Meekins			Minn					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street an	d Number or Rural I	Poute Number, City	Whea	Code)		
Norma Patricia	a Wolfson					. 2162			
26 METHOD OF DISPOSITION 1 Description 1 Des	moval from State	BLACE AND DATE OF	DISPOSITION (Nan	ne of	OATE 2	Oc. LOCATION — C	ity or Town S	ryland	
22. NAME AND ADDRESS OF FACILITY JOSEPH N. Zannino Jr. Funeral Home 263 S. Conkling Street Balto.Md. 21224 23. PART Enter the disches, of confplications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate									
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	C	A CONSEQUENCE OF): A CONSEQUENCE OF):	ive Pu	lmona	ry Di	sease			
PART II. Other eignificent condition	ne contributing to deeth t	out not resulting in	the underlying	ceuse given in	PI	AS AN AUTOPSY ERFORMED? YES 2 NO	AVAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Che					
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	RY AT		HOW INJURY OCCU	PRED		
2 Accident 3 Suicide 8 Could not be building, etc. (Specify) 28a. PLACE OF INJURY — At homs, farm, street, factory, office 4 Homicide detarmined 28a. PLACE OF INJURY — At homs, farm, street, factory, office City or Town, State)									
2 MEDICAL EXAMIN	SICIAN: To the best of my know ER: On the basis of examination	riedge, death occurred a n end/or investigation, i	nt the time, data a in my opinion, dec	nd place, and due t	to the cause(a) an	d manner as stated cs, and dus to the	i. cause(s) and (menner se stated.	
29b. BIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	De. B. Lankachandra MD								
Dr. B. Lankacho	andra MD	Good Sar		Itospital	, Balk	more,	MD		
OCT 3 0 1991	Sulia Davidson - Re	indelle							

gye. a street was been determined 22/3

BALTIMORE, MARYLAND 21215-0020

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

that initiated events resuiting in death) LAST

OPWIAL RECORDS, P.O. BOX 68760,

DIVISION

	1. DECEDENT'S NAME (FIS David 4. SOCIAL SECURITY NUM		Luttrell	Kra						2. DATE OF DEATH OCTOBER			3. TIME OF DEATH 12:30 P _N
	219-01-5646		5. SEX 1X M 2 F	6. AGE (In yrs. 72	(est birthday) YRS.	MONTHS	DAYS	HOURS	MIN,	NOV. 13,19	918	8. BIRTHPLACE (State or Forek	
200	817 Wi	81. SALE AVE. RESIDENCE OF DECEMENT 100. STATE 100. COUNTY					y, town ounda.	OR LOCATI	ON OF D			unty of DEATN altimore	
	Maryland	10b. COUNT	imore		10c, C/1		or Local						10d. INSIDE CITY LIMITS? 1 YES XX NO
	10e. STREET AND NUMBER 9407 Belair Road										S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.9 FORCES? 1 X YES 2 IF YES GIVE WAR OR DATES WWILL ARTINY				NO if yes, specify Cuban, Maxican, Puerto Bican, atc.) Black, \					E — American Indian, k, White, atc.			
	15. DEC (Specify on Elementary/Secondary (I 12	CEDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5		18e. DECEDENT'S USUAL OCCU (Give kind of work done durin inte. Do NOT use regimed.) TOOL Maker			ne during most of working			18b. KIND OF BUSINESS/INDUSTRY Black & Decker		
	17. FATNER'S NAME (First, A		v. Kr	ahn					ner's na	ME (First, Middle, Maiden : Marie			ach
	August W.		ın							Route Number, City or Town			
	26a. METNOD OF DISPOSIT 1 ☐ Burlal 27 Crematic 4 ☐ Donation 5 ☐ Other	ion on 3 - Ram (Specify)	oval from Stata	20b. PLAC cemetery. Hill	CEANDDATE	of DISPO	SITION (Na	orp.	. 10			City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wallace S. Brooks S.				•	I	ouda-	TAT i c	Fu	neral Home	11	F.M	
	23. PART i. Enter the disesses, pr complications that caused shock, or heart failure. List pniy one cause on as iMMEDIATE CAUSE (Final disease or condition resulting in death)			tasta	it.	not antai	tha mo	da of dy	ing, suc	h as cardiac or reapin	ratory sn	rest,	Approximate Interval Between Onset and Dasth

PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATN (Check only one HOSPITAL:
1 | inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Nome 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJUIT Natural
Accident
Suicide 5 Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

29a. CERTIFIER
(Check only anel)

CERTIFING PHYSICIAN: To like best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

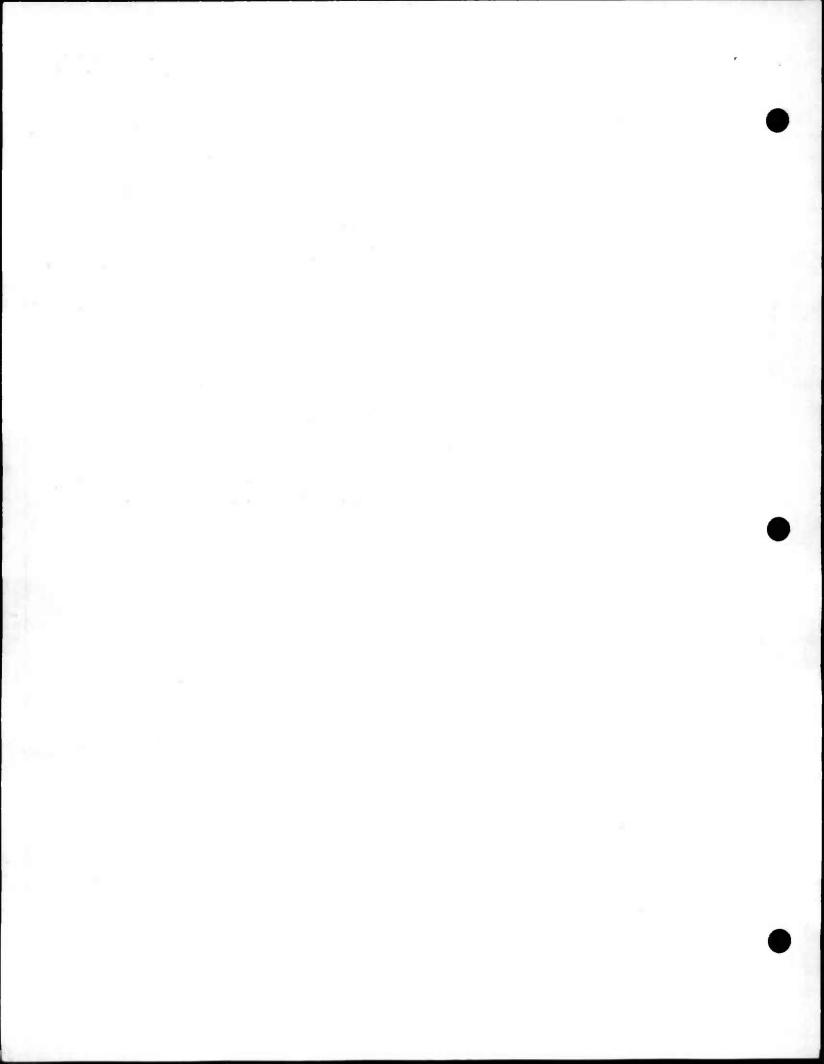
DUE TO (OR AS A CONSEQUENCE OF):

299. SIGNATURE AND TITLE OF GET 10

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Richard Bombach M. D. 10 Warren Road, Cockeysville, Maryland 21030

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE lia Davidson-Randall 1001



FOR

on 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. AV The Law requires that the death certificate be executed within 24 m DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL ORECTOR: Any be filed within 72 hours after destity with IMPORTANT: If Item 28 is marked

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DE CER	PARTI	MENT CATE	OF H	EALTH DEAT	AND N	MENT	AL HYGIEN		1	29443)
Į.	1. DECEDENT'S NAME (First, Middle, L								2. DA	TE OF DEATH			3. TIME OF DEATI	н
	RUDOLPH J. K									TOBER 2		991	11AM	M
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birt	M	ONTHS	YEAR DAYS	HOURS	MIN.	(Mo	TE OF BIRTH		Counti	IPLACE (State or For	reign
- 8	218-14-0991 9s. FACILITY NAME (If not institution, s	1 🔀 M 2 🗆 F	68 v	RS.					OC	T. 8, 1	923	MAR	YLAND	
oc.				9		b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I					NTY OF D	EATH		
DIRECTOR	4111 SLATER AV	ENUE		BALTIMORE						BALTIMORE				
RE	10a, STATE 10b, CO	UNTY	10	c. CITY,	TOWN OF	LOCATI	ON						10d. INSIDE CITY	
	MARYLAND	BALTIMORE			BA	LTI	10RE						LIMITS?	NO
₹.	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	ZEN OF V	WHAT COUNTRY?	
FUNERAL	4111 SLATER						2123	_				U.S.	Α.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT ET FORCES? 1 X IF YES, GIVE WAR	VER IN U.S. ARMEO YES 2 NO OR DATES		11	yes, spe-	NDENT OF	, Mexican	, Puert	GIN? (Specify Yes o Rican, etc.)	or No	Black	— American India k, White, etc.	n,
B	3 Widowed 4 Divorced	W.W.11-1					2010	эрвспу.				Speci	WHITE	
H	15. DECEDENT'S (Specify only highest of	EDUCATION (rade completed)	16e. DECEDE (Give kii	nd of worl	k done di	CUPATION	of working		1	5b. KIND OF BUS	INESS/INE	USTRY		
12	Elementary/Secondary (0-12) NA	College (1-4 or 5 +)		VOT use n						דקייי	EDITO	TE O	01 (7) 1 2 2 2	
COMPLETED	17. FATHER'S NAME (First, Middle, Last	NA NA	AU	TO M	ÆCH.	ANIC						NE CO	OMPANY	
	JOHN J. KNOTT					ĺ				, Middle, Maiden	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING AT	DDRESS /	(Street on			_	mber, City or Tow				
2	DORIS M. KNOTT	(WIFE)								TIMORE,		2123	36	
	20a METHOO OF DISPOSITION 1 [A Burlet 2 Gremation 3 G t	Removal from State	20b. PLACE AND C	ATEOF	DISPOSIT	ION (Narr	BOHAD	DENIC			CATION -			
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNE IN SERVICE	F4 ICENSEE	DULANEY	VAL					1	TIM	ONIUN	1, MI)	
i	Bus	1				SCHI	MUNE	K FU	INE	RAL HOM	ES, I	INC.		
\dashv	23. PART I. Enter the diseases,	× Jenis				9705	BEL	AIR	ROA	D. BAL	TTMOF	E N	D 21236	
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bOUE TO (OR	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT	CE OF):	SA	ral	200	il	te	Ble	Hen	a of	Interval Bei Onsat and 9 Wen	Death
	resulting in death) LAST	d												
CAL	PART II. Other eignificent condi	tions contributing to des	th but not reault	ting in t	the und	erlying	ceuse giv	ven in P	art i.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FIN	DINGS
MED									_	PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CA DF DEATH?	USE
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLA	CE OF DEA	ATH (Chec	k only o	one)				
P.	1 YES 2 NO	1 Inpetient 2 ER	/Outpatient 3 🗆 Di		THER:	g Home	5 Rush	dence 6	☐ Oth	er (Specify)				
g.	27. MANNER OF OEATH 1 Netural 5 Pending	28e. OATE OF INJU (Month, Day, Ye		TIME O	F 2	8c. INJUI			28d. DE	SCRIBE HOW IN	JURY OCC	URED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF IN.	JURY — At home, fe	ırm, stree	et, tactor			_	281. LO	CATION (Street a	nd Number	or Rumil R	oute Number	
	4 Homicide determined		(SDEEDIV)						City	y or Town, State)				
7	29a. CERTIFIER 1 CERTIFYING PH	IYSICIAN: To the best of my i	knowledge, death or	curred a	t the tim	e, deta a	nd place, a	nd due to	the co	ruse(a) and man	ner se state	ıd.		
COMPLET	000) 2 MEDICAL EXAM	NNER: On the basic of examin	nation and/or investi	gation, li	n my opi	nion, dea	th occured	at the ti	me, dat	a and place, and	dua to the	cause(a)	and manner as star	ted.
BE	296. SIGNATURE AND TITLE OF CERTI	FIEP /				1	9c. LICEN	SE NUMB	ER	T	29d. DATE	SIGNED	(Month, Pay, Year)	
	Jan	Her					0	203	39/		10	5/2	7/7	
-	DR. DAVIS HAHN					יתידון	7 107	7 77	A T P	TMORE	100	7	+++	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	TAD.	٠, ٥	OTTI	10/	, B	ALT	LMORE,	MD			
	QCT3 0 1991	Achia Davidson	- Pandell											

DALIMORE, MARTLAND 21203-3140	ter death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should	oval,	al examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HIGH TATENDING PHYSICIAN: The law requires that the death certificate be executed within 2-Hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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					FF.1	7758,650 767960	PEE	215	7205 -30-064 10/11/8		
	FOR STATE REGISTRAR	TATE OF MARYLAND			F HEALTH AND I	9 MENTAL HYGIENE REG. NO.	1 2	944	6		
	1. OECEDENT'S NAME (First, Middle, Last)		<u> </u>	0/112 0	, DEATH	2. DATE OF DEATH			ME OF OEATH		
	George Kreutzer. S	r.				10- 25-	91	EAR 7	COPH		
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In yrs.		IF UNDER 1 YEA		7. DATE OF BIRTH	6.	BIRTHPLACE Country)	(State or Foreign		
	215-30-0444 1	M 2 □ F 58	YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year) 5-11-33		Balti	more		
	9a. FACILITY NAME (If not institution, give street ar			9b. CITY, TOW	VN OR LOCATION OF DE		9c. COUNTY				
R	Fallston General Hornespence of December	spital		Fal	lston]	Harfor	rd		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I to com					1404	INSIDE CITY		
Ë									LIMITS?		
	Maryland Baltimore Glenarm, Maryland 1 1 1 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT (
RA									COUNTRY		
FUNERAL	12540 Manor Road 11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN U.S.	ARMED	13 944.9	21057	IIC ORIGIN? (Specify Yes	US or No Lu		narican Indian,		
BY FL	1 News Married 2 Y Married F	FORCES? 1 YES 2 F YES, GIVE WAR OR DATES	NO	If yes	yes 2 XNO Specifi	n, Puarto Rican, atc.)		Black, White Specify:	white		
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N 16a	DECEDENT'S	USUAL OCCUP	PATION	18b. KIND OF BUS	INESS/INDUS	TRY			
COMPLETED		llegs (1-4 or 5+)	Ille. Do NOT us	e retired.)	g most of working						
MPI	5	M	echani	С		Heavy]	Equipm	ent			
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden :					
BE	Arthur J. Kreutzer				Clara	M. Str					
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Ida A. Kreutzer 12540 Manor Road Glenarm, Md. 21057										
	20a. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home, Inc. 7401 Belair Road Balto., Md. 21236										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, interest shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) s. Cardiace Chart										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other aignificent conditions con	ntributing to deeth but n	not reaulting i	n the under	lying ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	AVAIL COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\text{\subset}\) NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			5. PLACE OF DEATH (C)	eck only one)					
YSI	1 Tes 2 No 1	Inpatient 2 ER/Outpetler			Homa 5 - Residence						
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?	26d. DEŞCRIBE HOW I	NJURY OCCU	RED			
ED BY	1 Netural 5 Pending	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm,		YES 2 NO	281. LOCATION (Street of City or Town, State)		Rural Route i	Number,		
E COMPLET	no centicien	: To the best of my knowledge in the basia of examination and				time, date and place, ar	d due to the				
TO B	30. NAME AND ADDRESS OF PERSON WHO CO	SUCCES OF DEATH		Pelest	1) 10	1121	10	1251	18/		

Panaviotis Sitaras.
31. DATE FILED (Mornith, Dey, Year)

OCT 3 0 1991 MD 1814 Belair Road

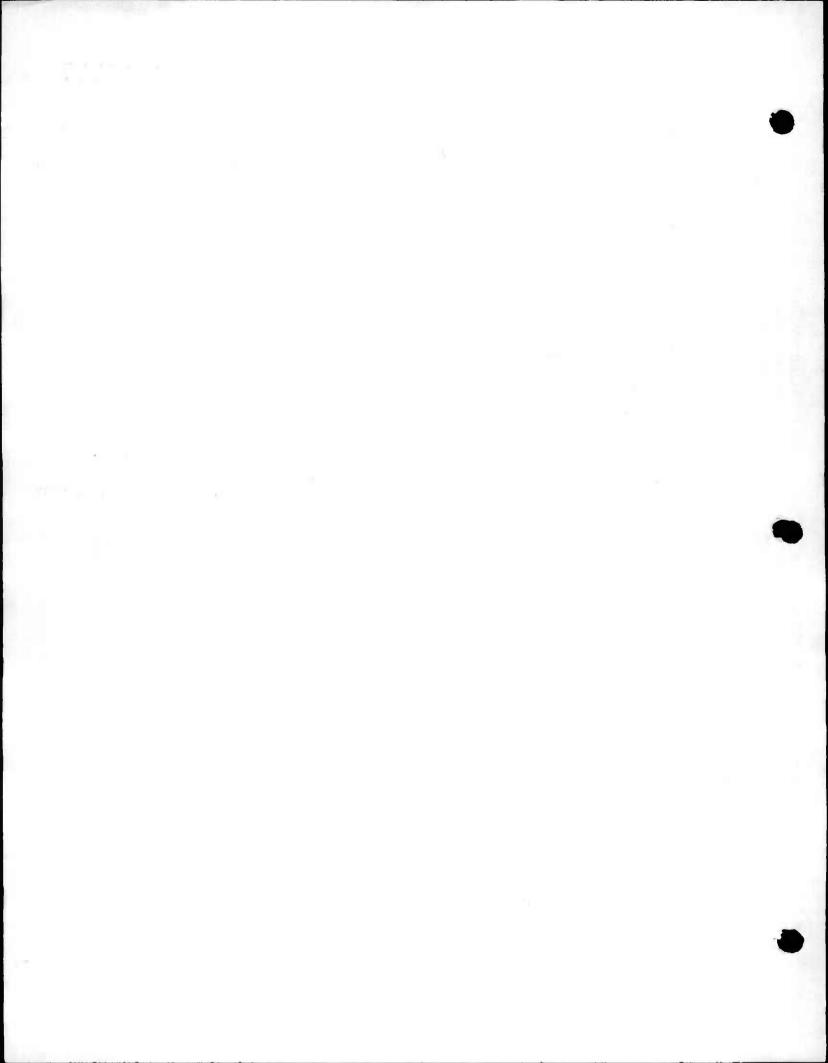
33 REGISTRAR'S SIGNATURE

Julia Davidson-Pandell Fallston, Maryland 21045

and the first the same of the

urs after death. Page 6 may be retained by the hos	ed in by the funeral director, page 5 should be detach or removal.	medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MARY	I AND / DEPART	MENT OF H	IFAITH AND	MENTAL H	IYGIENE (31	29447
1 - STATE REGISTRAR		CERTIFIC			F	REG. NO.		Second Observed
1. DECEDENT'S NAME (First, Middle, Last) ALLAN 4. SOCIAL SECURITY NUMBER	R LE	THBRI	E DQ_E	IF UNDER 24 HRS.	2. DATE OF MONTH	26	91	3. TIME OF CEATH 3.30 P,M LACE (State or Foreign
577-20-3399	1 M 2 D F	8 8) YAS. "	YRS. MONTHS DAYS HOURS MIN. (MONTH, Day, Year)					ard CTY 1
90. FACILITY NAME (If not institution, give Friends Nur RESIDENCE OF DECEDENT		me	SANDY	SPRING	EATH		ON T	Go mery
10a. STATE 10b. COUNT	GOMERY	10c. CITY,	TOWN OR LOCAL	SPRING	-		10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 219 EDNOR ROAD			10	20905		100	ITIZEN OF WI	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	If yes, sp	CENDENT OF HISPA ecity Cuban, Maxico 2 2 NO Specific	specify Yes or No-	- American Indian, White, etc.		
15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)		16a. OECEDENT'S Us (Give kind of wo. life. Do NOT use	rk done during me	ON ost of working	16b. Kil	NO OF BUSINESS/I	NOUSTRY	
8		FORE	MAN			CONSTRU		
17. FATHER'S NAME (First, Middle, Last) JOHN M. LETHB	RIDGE			ANNIE		lle, Maiden Surname NEY)	
19a. INFORMANT'S NAME (Type/Print)	BRIDGE	19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number,	City or Town, State,	Zip Code)	
			SAME A					
20s. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cometery, crematory or other place) BURTONSVILLE UNION CEMETERY BURTONS								
21. SIGNATURE OF FUNERAL SERVICE L ALL 23. PART 1. Enter the diseases, or	Bauker complications that cause	ed the death. Do no	MURI 21525	EL H. BA LAYTONS ode of dying, aud	RBER F	RD. LAYT	CONSVI	LLE, MD. 208
immediate Cause (Final disease or condition resulting in death)	a. Alexandre cause on	ech line.		eose				Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF):	:					
PART II. Other algorificant condition	ha contributing to death low mels			g cause given in		a. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		QTHER:	LACE OF DEATH (C		(pecify)		
1 Inpetient 2 ER/Outpetient 3 DOA 4 Thursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation Accident Investigation Accident Investigation Accident Investigation Inves								
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, atroscify)	reet, factory, offic	ce	281. LOCATIO	ON (Street and Num. Fown, State)	ber or Rural Ro	oute Number,
mma)	SICIAN: To the best of my know.							and manner as stated.
29b. SIGNATURE AND TITLE OF CHRISTI		mo		DI4			ATE SIGNED	(Month, Day, Year)
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)				,	



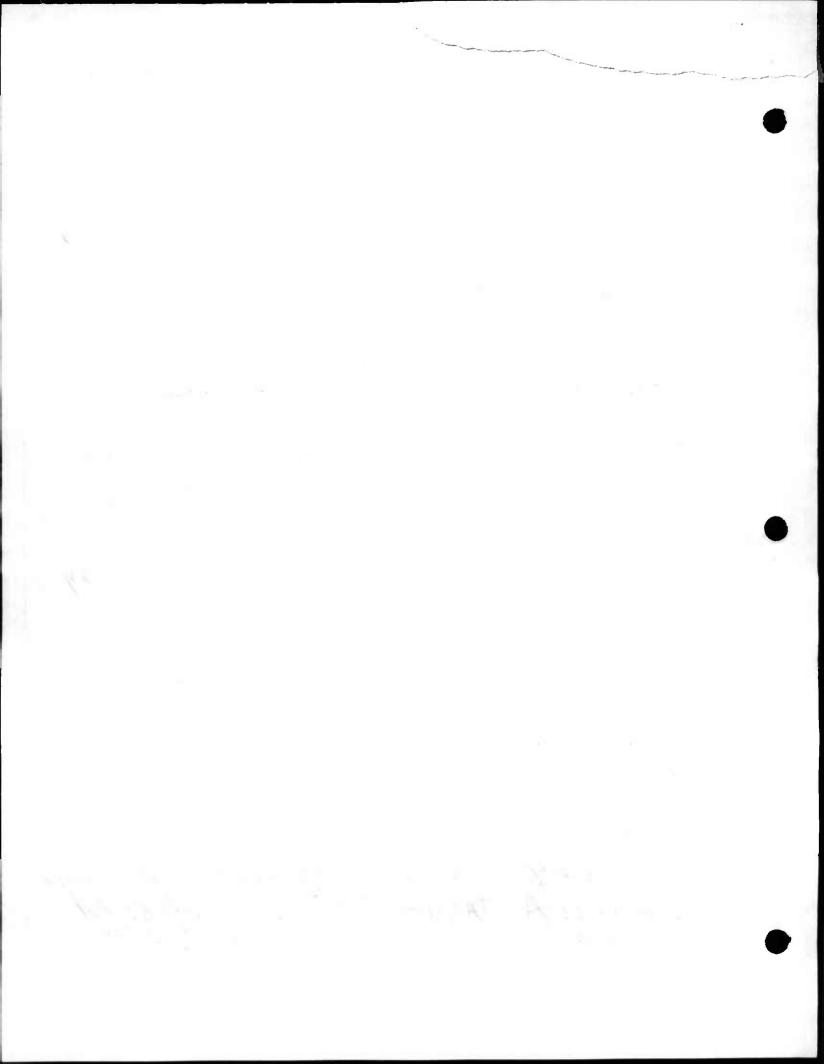
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CALLIMORE, MARTICAND 21213-0020	n 24 fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
Time of the country o	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 29448

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HE	ALTH AND M	ENTAL HYGIEN REG. NO.	E 91	29448		
	1. DECEDENT'S NAME (First, Middle, Last)	i e a filla di			2. DATE OF DEATH	-	3. TIME OF DEATH		
	FRANCIS	Н.			10/23/19		08:10a M			
	4. SOCIAL SECURITY NUMBER				F UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)		
	217 12 3538	01,10				3/1//1924 MARYLAG				
DIRECTOR	GBMC 6701 NORTH	TOWSON	LOCATION OF DEA	ТН	BALTIMORE					
REC	10e. STATE 10b. COUN	• •		WN OR LOCATIO	N			10d. INSIDE CITY		
		RNEY - BALTIC	CARI	NEY				1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 9305 AVONDALE R)D			P CODE		10g. CITIZE	N OF WHAT COUNTRY?		
INE	9305 AVONDALE RD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				234	usa				
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECEN If yes, specif 1 TYES 2	y Cuben, Mexicen,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	I. RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S USU/	done during most a	y working	16b. KIND OF BUS	INESS/INDU	STRY		
W.	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retil	red.)	Working					
R R	17. FATHER'S NAME (First, Middle, Last)		126	504 -	OWNER		URAL	165		
	HARRY E	1.000		1	B. MOTHER'S NAME	E (First, Middle, Maiden :	Sumame)			
띪	19a. INFORMANT'S NAME (Type/Print)	AUCHO	100 11411 1110 100	0500 (0	244	AHW F	الميل			
2	FAMILY ROLD	204	196. MAILING ADD	HESS (Street and	Number or Rural Ro	ute Number, City or Town	n, State, Zip C	ode)		
	20a, METHOD OF DISPOSITION	206	PLACE AND DATE OF DIS	SPOSITION (Name	HOUV	DATE 20c LOC	ATION CI	y or Town, State		
	1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	etery crematory or other pl	ACEL FAT	H	10-52 B	SSNAI	S CO		
	21. SIGNATURE OF FUNERAL SERVICE				ADDRESS OF FACIL		8125	7 10		
	> trule to	Jan 1		- I	1 -	()	Park	- 1		
	23. PART I. Enter the diseases, or	complications that caused	I tha death. Do not e	ntar the mode	HARFOR	as cardles or reads	HRIN	t, Approximate		
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Cardiopuln DUE TO (OR AS A	ach lina.					intarval Batween Onaat and Daath		
CERTIFICATION	Sequantially list conditions,	24								
AT	if any, leading to immediata cause. Enter UNDERLYING	b. advanced I	CONSEQUENCE OF).		•					
Ĕ	CAUSE (Disease or injury that initiated aventa	DUE TO (OR AS A	CONSEQUENCE OF):							
	resulting in dasth) LAST	d								
	PART II. Other algnificant condition	ns contributing to death b	ut not resulting in the	underlyleg c	auca aluma in Di					
CAL			or not reading in the	a onderlying c	anse diven in Li	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC						1 YES 2;	NO NO	OF DEATH?		
								1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLAC	OF DEATH (Check	confy one)				
2	1 TES 250 NO	HOSPITAL:		HER:	Residence 6					
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY WORKS	AT 2	6d. DESCRIBE HOW IN	JURY OCCUP	RED		
E E	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES	2 🗌 NO					
الم	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	 At home, term, street, ify) 	factory, office	2	8f. LOCATION (Street ar City or Town, State)	nd Number or	Rural Route Number,		
H H										
COMPLE	29e. CERTIFIER (Check only one)	ICIAN: To the best of my knowl	edge, death occurred at t	the time, date and	place, and due to	the cause(a) and mann	ner as stated.			
3	2 MEDICAL EXAMINI	ER: On the besis of exemination	and/or investigation, in r	my opinion, death	occured at the tin	ne, date and place, and	dua to the c	ause(s) and manner as stated.		
	296. SIGNATURE AND TITLB OF CERTIFIE	29	3	29	C. LICENSE NUMBE	ER /	29d. DATE S	GNED (Month, Day, Year)		
5	NAME AND TRANSPORT	4	0		1199	51	> 10	-23-91		
	DARRE LL	A. JAG	TH (ITEM 27) (Type, Print)	100	030	my	4/	r. Ret		
	31. DATE FILED (Month, Day, Year)	OCT 3 0 19	TURE P.O. N	widson-A	2.44	1919	5 71	20%		
100	111-6 3-71	UG 13 0 19	JI June 10	mason-No	سامعاقد	1000	7			



31. DATE FILED (Morith, Day, Year)
OCT 3 0 1991

32. REGISTRAR'S SIGNATURE

TENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept, of Health and Memtal Hyglerle prior to build, defination, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: 1	TO THE FUNERAL DIRECTOR: After this certificat	be filed within 72 hours after death with the Star	IMPORTANT: If Item 28 is marked, or ite

	1 - FOR STATE REGISTRAR		STATE OF MA			MENT OF I		MENTAL HYGII REG. 1		23443		
	1. DECEDENT'S NAME (First	^	nuppen	1				2. DATE OF DEATH MONTN	DAY Y	3. TIME OF DEATH		
	ساسا في المرابع الفيان المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع				st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign			
	211-36-0707 NA 20F E				YRS.	ONTHS DAYS	HOURS MIN.	OUZLO S Washington, D.C				
œ	9a. FACILITY NAME (If not in			/			OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
<u> </u>	RESIDENCE OF DEC	CEDENT	NOC HOS	PITA		Falls	TON !	Alylan	Altera			
DIRECTOR	Md.	10b. COUNT	, Harford		Bel	TOWN OR LOCA	TION	,		10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		nai roi u		Del		f. ZIP CODE		10g. CITIZER	1 YES 2 XNO		
FUNERAL	611 Came	lot Dr					21014			U.S.A.		
	11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2V	2 NO If yee, specify Cuben, Mexico			n, Puerto Ricen, etc.)		4. RACE — American Indien, Black, White, atc.		
8	3 Widowed 4 Divo		IF YES, GIVE WAR	OR DATES		1 U YE	21 NU Specif	γ:		SpecifyWhite		
COMPLETED	(Specify onl	CEDENT'S EDU	completed)	16a. Di	ECEDENT'S U Give kind of wo a. Do NOT use	SUAL OCCUPATI rk done during m retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDUS	TRY		
2	Elementary/Secondary (College (1-4 or 5+)			design		Bel Air Kitchens Plus					
<u>S</u>	17, FATHER'S NAME (First, M		14				16. MOTHER'S NA	ME (First, Middle, Mei-				
BE	William Lafa		Muddiman	1.	OF WAILING	DDBESS (Change		Daisy Mo		and a l		
5	Mrs. Shir		Muddiman					l Route Number, City or Town, State, Zip Code) L Air, Md. 21014				
20e. METHOD OF DISPOSITION 1 \(\text{N Burial 2} \) Cremation 3 \(\text{Removal from State} \) 4 \(\text{Donation 5} \) Other (Specify) \(\text{Donation 5} \) 20b. PLACE OF DISPOSITION (Name of cemetary, crematory of the place) BET ATT MEMORIAL Garder							Gardens	10-31-920c. LOCATION — City or Town, State S Bel Air, Md.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F. Lassahn Funera.												
	▶ &, F	· La	esahn							Md.21087		
	23. PART I. Enter the d	diseases or	complications that a	annead the a								
			Liet only one ceuse			t anter the m	ode of dying, suc	h as cardlec or re	spiratory srres	t, Approximate Interval Batween		
		heart fellure.	Liet only one ceuse	on each iln	le.				*	Interval Batween		
	shock, or h IMMEDIATE CAUSE (Fig.	heart fellure.	e. Cuttu	on each iln	leri	tic Ca		mula	*	Interval Batween		
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PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in deeth) Sequentisity list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuitite deeth) LAS PART II. Other aignification 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	itions, edieta ying structury struct	e. DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSI	EQUENCE OF) EQUENCE OF) resulting in	the underlying the underlying the underlying the underlying to the underlying the	ng cause given in	Part I. 24a. WAS PER 1 VE	AN AUTOPSY FORMED?	Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in deeth) Sequentisity list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in deeth) LAS PART II. Other aignification 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 \(\text{NO} \) NO 27. MANNER OF DEATH Netural 5	itions, edieta fine services structure structu	e. DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSI	EOUENCE OF) Tesuiting in 3 □ DOA 28b. TIME	the underlying the underlying the underlying to the underlying the	ng cause given in PLACE OF DEATH (C) THE 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a, WAS PER 1 DYE	AN AUTOPSY FORMED? S 2 NO	Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fli disease or condition resulting in deeth) Sequentisity list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAS PART II. Other aignification 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 No 27. MANNER OF DEATH 1 Natural 5 Suicide 8 Month of the condition of the	TO MEDICAL Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMIN	e. DUE TO (O b. DUE TO (O c. DUE TO (O d	eath but not ER/Outpatient JURY At h. C. (Specify) INJURY — At h. C. (Specify) Injury — At h. C. (Specify) Injury — At h. C. (Specify)	EQUENCE OF) EQUENCE OF) EQUENCE OF) Tesuiting in 3 □ DOA □ 28b. Time INJU death occurre or investigation	the underlyid the un	PLACE OF DEATH (C) THE 5 Residence UURY AT ORK? YES 2 NO ce the and place, and dudenth occurred at the	Part I. 24a, WAS PER 1 DYE 1 DECK only one) 8 Dether (Specify) 281. LOCATION (Sh. City or Town, Sh. city or Town, Sh.	AN AUTOPSY FORMED? S 2 NO OW INJURY OCCUMent and Number or tate) manner ee stated o, and due to the company of the company o	Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		

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OF VITAL RECORDS,	
AL RE	
PF VIT	
DIVISION (
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MAR					DEATH		REG. NO		3	. TIME OF DEATH 4 AA
	M WH3Y3	malli	STer)C	D HTM	8	YEAR	9:50 MM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS	(Mo	TE OF BIRTH onth, Day, Year)		Country)	ACE (State or Foreign
	3	set and number)	67	ma.	9b, CITY,	TOWN C	PR LOCATION OF		Dec. 26,]		1923 Md.	
TOR	Fallston Ge	eneral	HOSE) _			ton				arfor	
DIRECTOR	Md . 10b. COUNTY		10c. CITY, TOWN OR LOCATION Kingsvi					1110			IOd. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 7034 New Cut in	d.				101	zip code	087		10g. CIT	S.A.	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVEN FORCES? 1 7 YES, GIVE WAR O	VES 2 VIN		14	yes, sp		PANIC ORIG	GIN? (Specify Yes or No— 14. RACE — American Black, White, stc. Specify: White			White, etc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G/		USUAL OCC work done do se retired.)		ON at of working	1	ISD. KIND OF BU	SINESS/INI	DUSTRY	
MP			A	ssem	bly L	ine			Black		ecker	
BE CO	17. FATHER'S NAME (First, Middle, Lest)	Elmer L.	Clay					Ethe		ast		
5	John P. McAllist	ter		703	4 New	Cu	t Rd,	King	sville	,Md.	2108	
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remote the Control of Co	oval from State	FOIK PLACE	of dispo	eth.	Chu	rch Cen	° 10-	31 - 94.4	FOIK	, Md.	n, Stata 21051
	21. SIGNATURE OF FUNERAL SERVICE LIC		/		22. N	AME AN	TO BOUG	FACILITY when K	Jun Jun	gra	et,	nd 21087
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A	AS A CONSEC	DUENCE C	F):		Nom					
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):						-				
MEDICAL	PART II, Other algorificant condition		t resulting in the underlying cause given in Part in ASTASS				art I. 24a. WAS AN AUTOPSY PERFORMED? 24		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO-MÉDICAL					26 Pi	LACE OF OEATH	Check only	v 00e)			
SIC	EXAMINER?	HOSPITAL:	/Outpetlant 3	□ DOA	OTHER 4 - Nurs	:	ne 6 🗆 Rasiden					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Y	URY bar)				28d. I	28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined	28e. PLACE OF IN- building, atc.	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						261. LOCATION (Street and Number or Rural Floute Number, City or Yown, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MCDICAL EXAMINE	CIAN: To the best of my I										and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	ur		0	2		29c. LICENSE	NUMBER		294. DA	U/2	Marin pageman
	30. NAME AND ADDRESS OF PERSON WH	6 90011	77	M 27) (7)	e, Print).		FAR	LST	EJA1	mi	12	1047
	31. OATE FILEO (Month; Day, Year) OCT3 0 1991	32 REGISTRAR'S	SIGNATURE	2000					ι			
	*** **	U										DHMH-16 Res

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BALTIMORE, MARYLAND 21215-0020

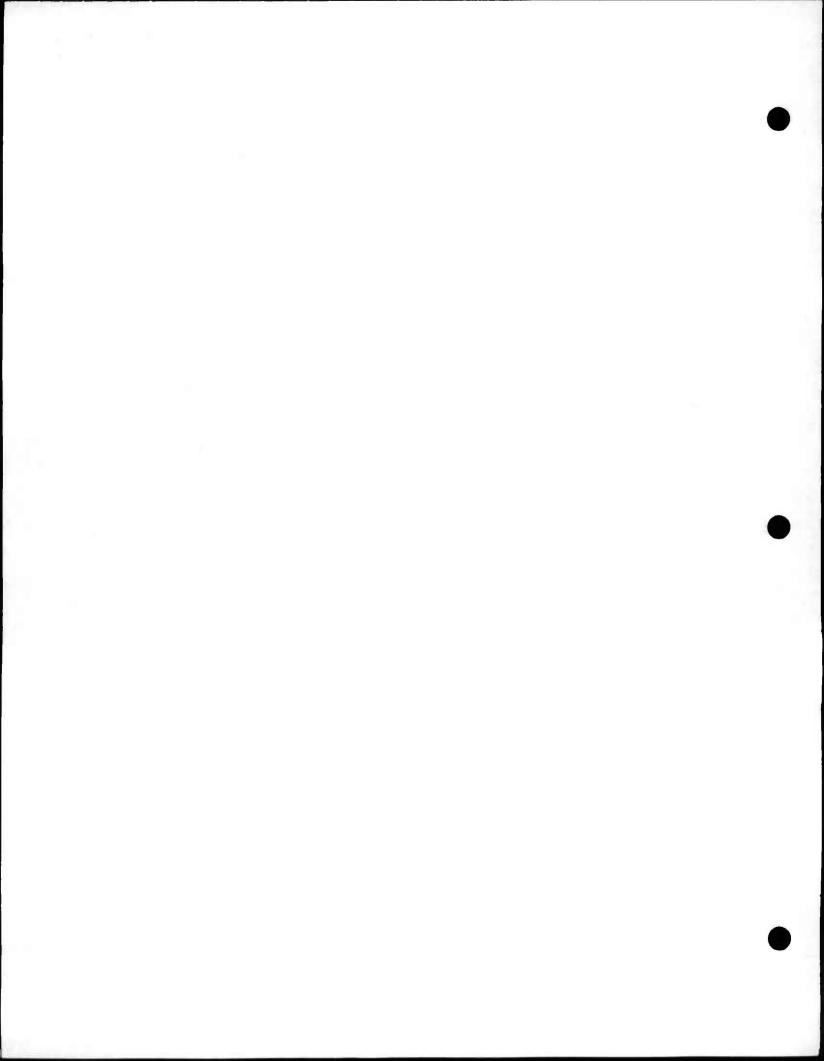
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

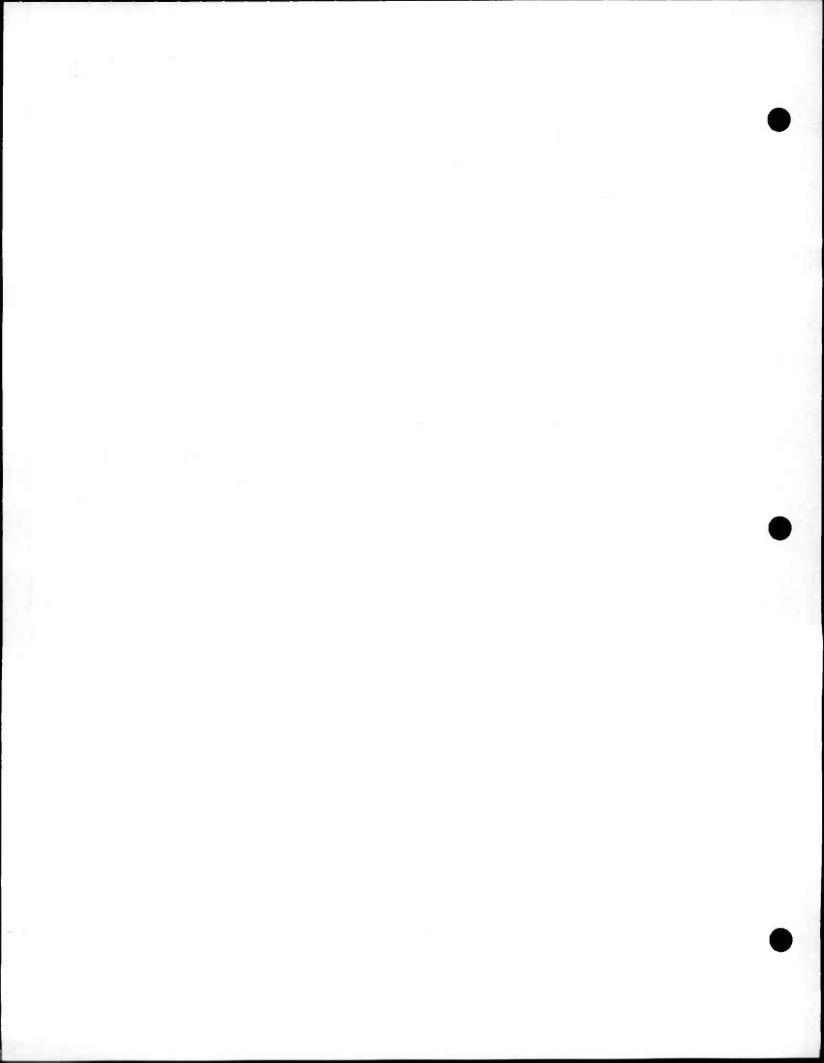
_	REGISTRAR		CEH	IFICALE	OF DEATH	Н	REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)					1	2. DATE OF DEATH		3. TIME OF	OEATN	
		MOORE, SI					10 29	19	91 12:C	5 a.mw	
. 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	MONTHS C			7. DATE OF BIRTH	6.	BIRTNPLACE (State	e or Foreign	
	192 01 9971	1 🖾 M 2 🗌 F	/ O YI	is.	AVS HOURS	Merre.	2/26/13		S.C.		
~	9a. FACILITY NAME (If not institution, give			9b. CITY, T	TTY, TOWN OR LOCATION OF DEATH						
ō	THE JOHNS HOPK	INS HOSPIT	CAL	BALT	IMORE CI	TY		BAL	TIMORE		
EC	10a. STATE 10b. COUNT	Υ	100	CITY, TOWN OR	OCATION				10d, INSIDI	- OUTV	
DIRECTOR	Md.			Balto.					LIMITS YES	27	
	10e. STREET AND NUMBER				10f. ZIP CODE			10a CITIZE			
EB	1833 N. Colli	ngton Av	renue		10f. ZIP CODE 2121	3			USA COUNT		
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WA	DECENDENT OF	NISPANIC	ORIGIN? (Specify Yes	or No 14	. RACE — America	n Indian.	
7	1 Never Married 2 Married 1 Fee 2 NO If yes, specify Cuban, Maxican, Puarto Ricen, etc.) Black, Whita, atc.									,	
	Black										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY										
2	Elementary/Secondary (0-12) College (1-4 or 5 +) IIII. Do NOT use recired.)										
M	17. FATNER'S NAME (First, Middle, Last) Hod Carrier Construction										
	Henry	Moore			18. MOTHE!	R'S NAME	(First, Middle, Maiden S				
BE	19a. INFORMANT'S NAME (Type/Print)	MIGORE		INC ADODESS /	mat and Number as		te Number, City or Town	ore			
2	James Moore		1 3	333 N	Collin	at o	n Ave. E	State, Zip Co	ode) - M∂ 2	1217	
1	20a. METHOD OF DISPOSITION		20b. PLACE AND D			900.					
	1 XBuriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from State	cemetery, cremetory	or other plecel		i	1P1	te pine	b Sh	arpsburg	
j	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State 2 Cremation 3 Ramoval from State 20c. LOCATION - City or Town, State 20c. LOCATION - City or										
	James a	: Mes to	40)				ton & Sc				
	23. PART I. Enter the diseases, or			1170	l Laur	ens	St. Bal	.to.,	Md. 21	1217	
	snock, or maart failure.	List only one caus	a on each line.	o not anter th	mode of dying	j, such s	s cardiac or raspir	atory arres		oximata vai Batween	
1	IMMEDIATE CAUSE (Finel disasse or condition										
i	resulting in death)										
-	the to (on as a consequence of):										
<u> </u>	Sequantially list conditions, if any, leading to immediate	00E 10 (OH AS A CONSEQUENC	E OFF	el-				0)2	lades	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	. 13	rondi	Ani					100	alla	
E	that initiated events	DUE TO (OR AS A CONSEQUENC	E OF):					- Jan	2002	
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other significant condition	s contributing to c	leath but not result	ng in the under	tytna cause alw	en In Per	rt I. 24a, WAS AN A	LITOROV			
MEDICAL	Pulmonin	he serter		ng m ma anaa	iying cadoa givi	CII HI FAI	PERFORM	IED?	24b. WERE AUTOF	PRIOR TO	
	0.100.27	. 17	menethy				1 TYES 2	NO	COMPLETION DF DEATN?	OF CAUSE	
	17,10000	- caron	-g.perny				- 1		1 TYES 2	⊇ □ NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL			-	6. PLACE OF DEAT	M Wheek					
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DO	OTHER:							
主	27. MANNER OF DEATH	28a. DATE OF II	NJURY 28b.	TIME OF 28	Home 5 Resid		Other (Specify) Id. DESCRIBE HOW IN.	IURY OCCUR	ED		
BY P	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day	Year)	INJURY M 1	WORK?			John Cocon		1	
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At home, far	m, streat, factory,		-	if. LOCATION (Street are	d Number or I	Rural Route Number		
8	4 Homicide determined	building, at	ic. (Specny)				City or Town, State)				
2 1	290. CERTIFIER (Check only	CIAN: To the best of m	w knowledge death oc	curred at the time	data and place on	d due to t	h				
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beats of axa	mination end/or investig	ation, in my opini	on, death occured	at the time	e, data and place, and	due to the co	euse(s) and manner	as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENS						
H H	100	1 7	In A	mo	29C. LICENS	ENUMBE	"	29d. DATE SI	GNED (Month, Day,	Year)	
2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITEM 27)	ype, Print)				10	127/7		
	Flord DE	VIA FIN	RTIN	FAN	2 1	.17.	CI R	14	1-0 7/7	-	
	31. DATE FILED (Month, Bay, Year)	32. REGISTRAR		1100		2 121	24)5	WT /	NO 111	67	
	OCT 3 0 1991	gelia Davids	n-Pandell								



BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIS TOLL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH																	
	Frances I	E. Mor	oan							MONTH OCt.		1991	YEAR	8:00				
	4. SOCIAL SECURITY NUME	ER .	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF		1771		HPLACE (Stote or				
	215-10-3103		1 🗆 M 2 💢 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	nv. Ybari	191	1 Count	laryland				
œ						9b. CITY		OR LOCATI		ATH		9c. COL	JNTY OF	DEATH				
FUNERAL DIRECTOR	3749 Lyndal		•				Bal	timo	re									
E C	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CIT	ſΥ			
ā	Maryland				В	altin	LIMITS?											
AL	10e. STREET AND NUMBER										10g. CI1	10g. CITIZEN OF WHAT COUNTRY?						
E	3749 Lyndal	e Ave	•			21213 U. S. A.						. Δ						
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MEO	13.	MAS DEC	ENOENT C	F HISPAN	IC ORIGIN? (S	pecify Yea		14. RAC	E — American Ind	dian,			
BY	1 Never Married 2 3 Never Married 2 Divo		IF YES, GIVE W	YES 2XXX	If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Black, White, etc. Specify: White						e							
COMPLETED	15. DECI (Specify only	EOENT'S EOU highest grade	CATION completed)	16a. DE6	CEDENT'S	USUAL OC	CUPATIO	ON set of working		18b. KII	OF BUS	INESS/IN	DUSTRY					
iii	Elementary/Secondary (0		College (1-4 or 5	·) life.	Do NOT us	se retired.)	acing no	ASE OF WORKIN	ny .									
₹	NA NA Sales Lady Department Store																	
8	17. FATHER'S NAME (First, MI							16. MOTH		ME (First, Midd		Surname)	ne) 7. Zip Code) 1. 21014 N.— City or Town, State					
BE	Adam Sobotka 190. INFORMANT'S NAME (Type/Print) 190. MA									a Spin			ime) te, Zip Code)					
9																		
			(Nepnew)						Bel A	Air, M	aryla	and :	2101	4				
	20a. METHOD OF DISPOSITI 1 N Burlet 2 Cremetto 4 Donation 5 Other	nd DATE	of disposition place).	erv	ame of		OATE			city or To								
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			22, 1	NAME AN	O ADDRES										
	Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213																	
	23 PART I. Enter the di	20.000.00	formilications the	I nowand the de-	oth Dec	33	31	Brehn	ns La	ne, B	altin	nore	, Md	. 21213				
	23 AART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congetive beat Paulier Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death																	
NO	DUE TO (GOT AS A CONSEQUENCE OF): Sequentially list conditions, b. Ischanic heart disease Vegan																	
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury																	
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):																	
	PART II. Other signification	nt condition	a contribution to	doub but and a	Selfants													
MEDICAL	Chroni	C 0	Cotrer	twe f	ale	in tha un	periying	cauaa	iven in F	1	PERFORM	AED?	246	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO			
ME.				_/			1							1 YES 2	NO			
ž																		
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)								
PHYSICIAN:	1 NES 2 NO		1 Inpatient 2		□ DOA			5 E HE	sidence 8	Other (Sp	ecify)							
	27. MANNER OF DEATH	ending	28e. OATE OF (Month, De	INJURY sy, Ybar)	28b. TIMI INJ	E OF URY	28c. INJI WO	URY AT RK?		28d. DESCRIE	BE HOW IN	JURY OC	CURED					
à l	2 Accident	rvestigation				М		'ES 2 _	NO									
TED		Could not be letermined	building,	F INJURY — At hon atc. (Specify)	ne, tarm, s	treet, tecto	ry, office			281, LOCATIO City or To	N (Street an wn, Stete)	d Number	or Rural F	loute Number,				
COMPLET	29a. CERTIFIER (Check only one)	FYING PHYSI	CIAN: To the best of	my knowledge, dea	th occurre	d at the tir	ne, date	and placa,	end dua t	o the cause(e	end menn	or as alai	lad,					
8	The state of the s		R: On the basis of ax	amination and/or in	rveatigatio	n, In my op	ilnion, de	enth occure	d at the ti	lme, date end	placa, and	dua to th	e ceuse(s) end manner es a	ntated.			
BE	296. SUBMITURE AND TITLE	OF CENTIMES	llen	N	D			29c. LICE	NSE NUME	100		29d. OAT	E SIGNED	(Month, Day, Year)	0,			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type. Print) Dr. Patricia Disharoon M. D., Brehms Lane Medical Center, Brehms Lane, Balto, Md.																	
	31. DATE FILED (Month, Day, Y	har)	32 PEGISTRA	bre	enms	Lane	ме	alca.	L Cer	iter,	Brehr	ns L	ane,	Baito,	Md.			
Į	OCT 3 n 1	991	Adia David	r's signature	2													



TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	SUPPOPERUT. 14
>	0	7	

O Day,

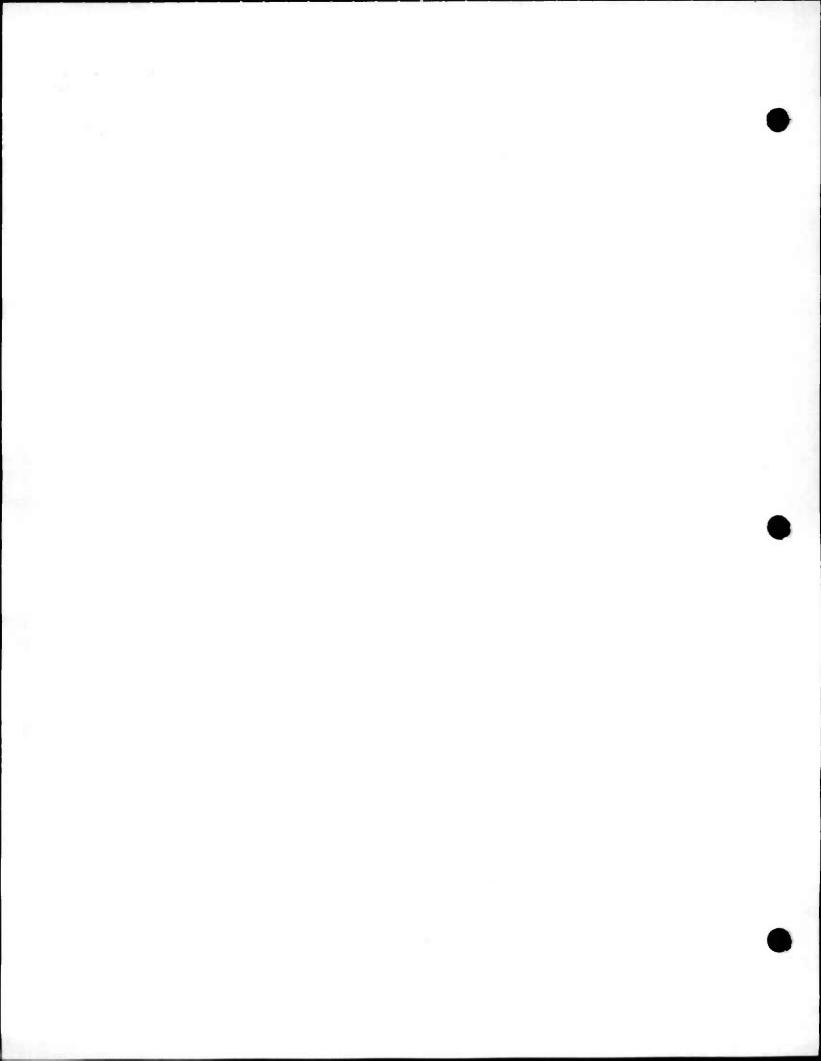
1991

OCT 3

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First,		STATE OF N	MARYLAND /	DEPAR	RTMEN	T OF I	HEALTH	AND I	MENTAL HYGIEI REG. NO	(E	91	29453	
	ROLAND	E. ME	ISTER							2. DATE OF DEATH	1 8 1	9 91 "	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB 218-07-650)2	5. SEX 1 K M 2 F	6. AGE (In yrs. Ias 75	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Your)		8. BIRTH Countr	PLACE (State or Foreign	
TOR	90. FACILITY NAME (If not in 3228 Texas	Avenu	treet and number)			9b. CITY		kvil.		АТН	1	nty of d Baltj	Lmore	
DIRECTOR	100. STATE Maryland	10b. COUNTY	timore		10c. CIT	10c. CITY, TOWN OR LOCATION Parkville						10d. INSIDE CITY LIMITS? 1 YES 2424 NO		
FUNERAL	3228 Texas	Avenu				21234					10g. CIT	USA	HAT COUNTRY?	
B	11. MARITAL STATUS 1. Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR	MED NO 11		If yes, sp	Specify: White steel black whi					, White, etc.	
COMPLETED	15. DEC (Specify only 12th grade (0	(G	CEDENT'S live kind of Do NOT us	work done se retired.)	during mo	ON Ost of working	9	166. KIND OF BU						
BE CON	17. FATHER'S NAME (First, Middle, Last) George C. Meister 18. MOTHER'S NAME (First, Middle, Melden Surname) Anna R. Dressell													
TO B	19s. INFORMANT'S NAME (7) Alex S 20s. METHOD OF DISPOSITI TO Buriel 2 Cremetto 4 Donetton 5 Other 21. SIGNATURE OF FUNERAL	Oled.		20b. PLACE / cemetery, cre	AND DATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	lashi of olspos ther place) d Rem 22.	ngtonina nete:	on Avamber on Avame of	or Rural R	Noute Number, City or Tow	Md. NCATION —	2120 City or Ton	wn, State Maryland	
	23. PART I. Enter the di ahock, Dr he IMMEDIATE CAUSE (Fin disease Dr condition resulting in death)	seasea, pr c art failure. I	omplications that List only one cau	caused the de	eth. Do r	ot enter	the mo	de of dyi	ng, auch	aa cardlac Dr reap	iratory ar	reat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list condition if any, leading to immediates. Enter UNDERLYII CAUSE (Disease or injurthat initiated events resulting in death) LAST	Hate NG Ty		OR AS A CONSEC										
MEDICAL	PART II. Other significan	nt condition	contributing to	death but not n	esulting i	n the un	derlyln	g cause g	Ivan in i	Part I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only one)				
	27. MANNER OF DEATH 1 Netural 5 F		1 Inpatient 2 28a. DATE OF (Month, Da	INJURY	28b, TIMI	4 🗆 Num	28c. INJ WO			Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED		
TED BY	3 Sulcide 8 C	could not be etermined	28e. PLACE Of building, o	F INJURY — A1 hor etc. (Specify)	me, larm, a	treet, facto				28f. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	IAN: To the best of s	my knowledge, der	nth occurre	d at the ti	me, date	end place,	and due 1	o the cause(s) end mar	iner as atat	ed.	end manner as stated	
BE	29b. SIGNATURE AND SITUE	OF CERTIFIER	1.128	MD				29c. LICE	SE NUMI	BER C	29d. DAT	E SIGNED	Myhith, Day, Ygar) 29/9/	
	30. NAME AND ADDRESS OF Dr. Henry Pi	PERSON WHO		e of Death (ITEN 31dg. 68	8 (J	Print) Ohns	Нор	kins	Hos	pital)Balt	th f	Md. (955-7794)	

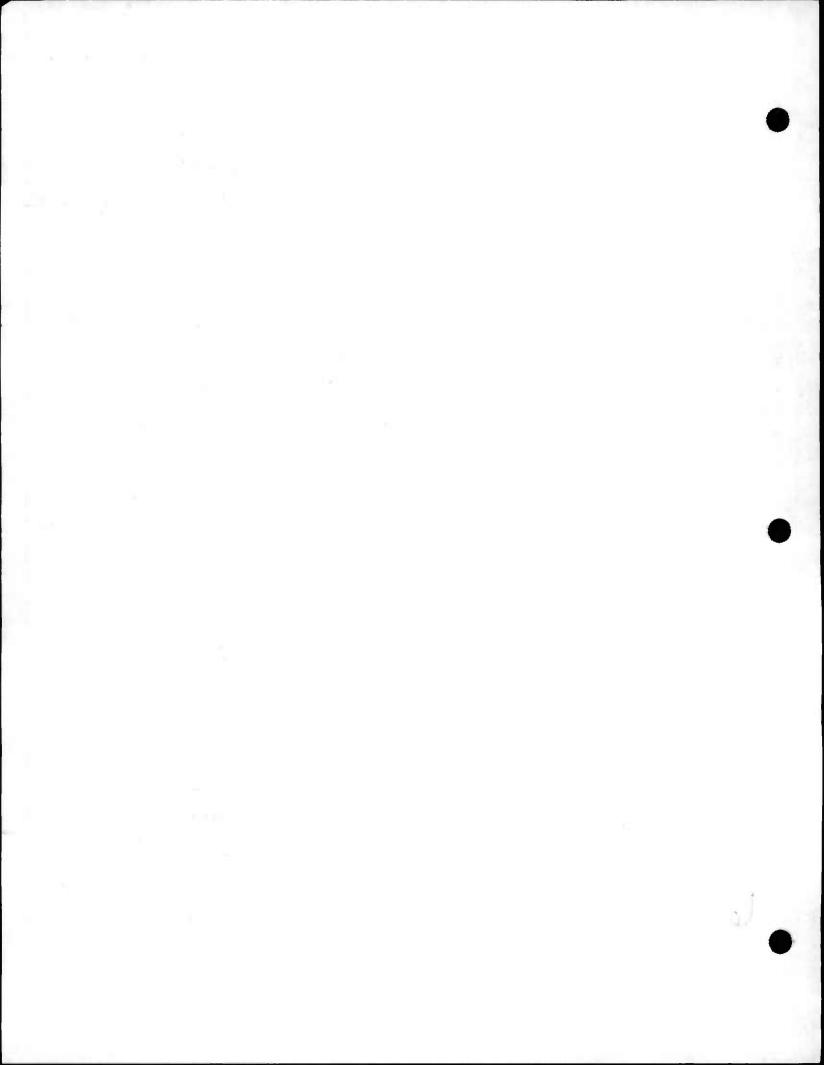
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	O THE HOSPITAL GENERAL OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	분	Pali
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	1. DECEDENT'S NAME (First, Middle, Las	a)		hara		thews		OF DEATH		3	. TIME OF DEATH							
	Mathews.	Barbara	Jugar	Dala	U . Mac	chews	MONTH	2		YEAR	400 pm							
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. les	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign							
	214-44-7670	1 M 2 KF	52	YRS. MO	NTHS DAYS	HOURS MIN.	(Month	20 3		Country)								
	9a. FACILITY NAME (If not institution, give	street and number)		96	CITY, TOWN	OR LOCATION OF DE		20 .	_	lary]								
DIRECTOR	University of	Maruland I	Joen	1+2	Balti	moro			""									
5	RESIDENCE OF DECEDENT	11-3-11	1050															
3	10a. STATE 10b. COUN	ITY		10c. CITY, TO	OWN OR LOCA	TION				10	Dd. INSIDE CITY LIMITS?							
	Maryland			Ba1	timor	·e				7	XYES 2 NO							
₹ I	10e. STREET AND NUMBER				10	I. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?							
9	1206 Riggs		21217						US	A								
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN	? (Specify Yes	or No-	14. RACE -	American Indian,							
BY	1 Never Married XX Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR E	DATES			ecify Cuban, Mexice 2 NO Specify		lican, etc.)		Specify:	Vhite, etc.							
0											Black							
ш	15. DECEDENT'S ED (Specify only highest gra	de completed)	(G	CEDENT'S USU	done during mo	ON ost of working	16b,	KIND OF BUS	SINESS/INDU	ISTRY								
	Elementary/Secondary (0-12)	College (1-4 or 5+)	110	. Do NOT use rel														
1			Но	usewi	fe													
OMP.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, M	liddle, Maiden	Sumame)									
1 1	William Harris Virginia Pinkett																	
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21217																	
-	Mary McCargo 601 N. Calhoun Street, Baltimore, Maryland																	
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State																	
137 Buriel 2 Cremation 3 Removal from State Commetter Commett																		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	16.51.	<u> </u>		D ADDRESS OF FA		-										
	> derous	Juris			7		- 4				nor St.							
	23. PART i. Enter the disease, pr					Harris					Md 212							
VIION	Onset and Deat disease or condition resulting in death) e. Sepais due to (or as a consequence of): b. acute renal failure Due to (or as a consequence of): b. acute renal failure Due to (or as a consequence of): Cause (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury																	
0	CALISE (Disease or Injury	thet initieted events DUE TO (OR AS A CONSEQUENCE OF):																
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ERTIFIC	thet initieted events		ex	wemi h	to				PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY PINDIN									
CERTIFICATION	thet initieted events resulting in desth) LAST	a ischemic																
ا ہے	thet initieted events resulting in desth) LAST	a ischemic				g csuse given in	Pert i.	24a. WAS AN PERFOR			ERE AUTOPSY FIND AILABLE PRIOR TO							
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MEDICAL	thet initieted events resulting in desth) LAST	d. ischemic		esulting in th	ne underlying 26. PL	g csuse given in		PERFOR	MED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAU DEATH?							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	has filed within 72 hours after death with the State Dept of Health and Mental Hydiene Orior to burial. Cremation, or removal.
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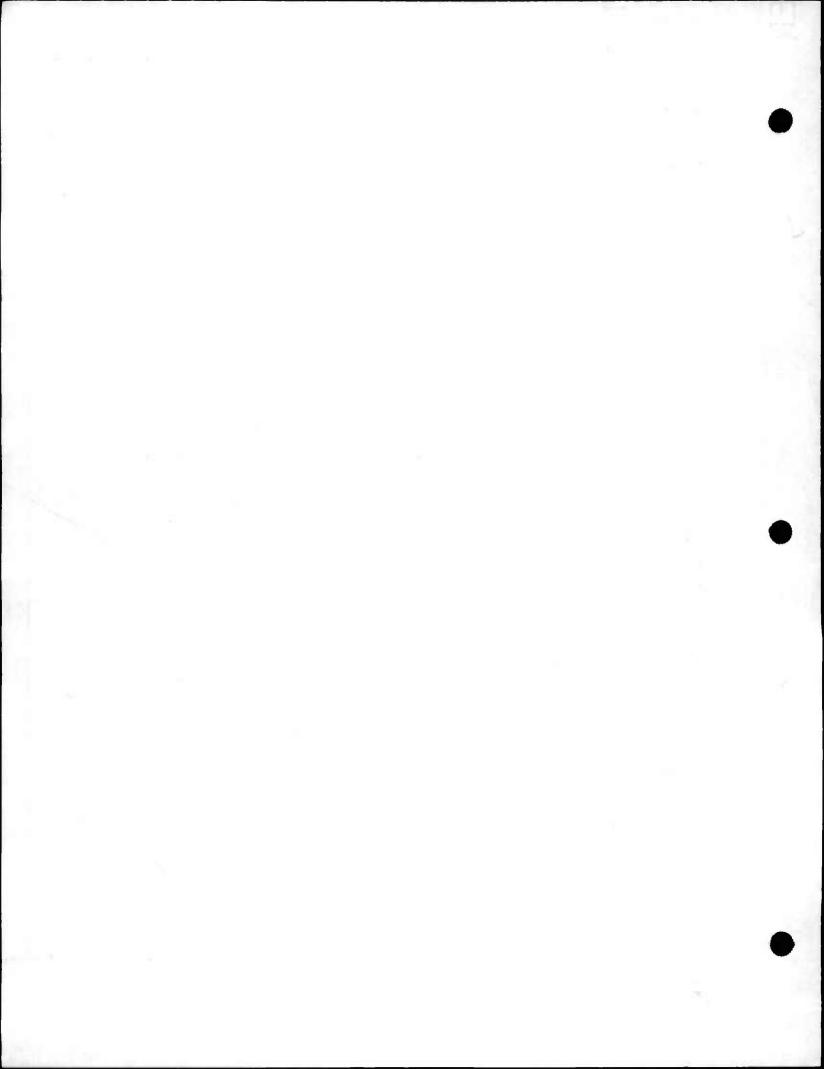
	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H				1 29455			
	1. DECEOENT'S NAME (First, Middle, Lest)	Margaret R	. Mulvih		- argun	2. DATE OF D	EATH DAY 23	YEAR 9/ S/ 45 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)		B. BIRTNPLACE (State or Foreign Country) Penn.			
	9a. FACILITY NAME (If not institution, give str	eet and number)	70	9b. CITY, TOWN O	R LOCATION OF DI	EATN	9c. COUN	TY OF DEATN			
e e	ST. JOSEPH A	OSPITAL		TOWSON, MO BALTIMON							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY			
		comico		rean City				LIMITS? 1 △ YES 2 □ NO			
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CiTIZ	EN OF WHAT COUNTRY?			
N.	111 133rd St.	12. WAS DECEDENT EVER	IN II S ADMED	10 MMC DEC	21842 ENDENT OF HISPAI	NIC OBIOINO (B-		U.S.A.			
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	S 2 NO	If yes, spe	city Cuban, Mexica 2 NO Specif	an, Puarlo Rican		Black, White, etc. Specify:			
8	15. DECEOENT'S EOUC			USUAL OCCUPATION		16b. KINI	O OF BUSINESS/INDU	White			
COMPLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u		at of working						
MP	12			Teacher			Educati	on			
	17. FATHER'S NAME (First, Middle, Last)		ml- a see a				, Maiden Surname)				
BE	19e. INFORMANT'S NAME (Type/Print)	Raymond	Thorne	3 ADDRESS (Street a		The second second	arie Pia ity or Town, State, Zip				
5	Roann F. Mulvih	ill		0.Box 55				8 62			
	20a. METHOD OF DISPOSITION		Ob. PLACE ANO OAT	E OF DISPOSITION		OATE	20c. LOCATION — C				
	4 Demetion 5 Other (Specify)	4	Parkwoo	d Cemete:	cy 10/26	/91	Balto.	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	The Si			D ADDRESS OF FA	105	O York Rd				
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	0F): 0F):	AILURE			Onset and Death			
SER		l				Ce					
PHYSICIAN: MEDICAL	PART II. Other significent condition	a contributing to death	but not resulting	In the underlying	g cause given in	Part I. 24a	WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATN (C	hack only one)					
SICI	EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:	e 8 🗆 Residence	27.00	eclfy)				
H	27. MANNER OF DEATN	26a. DATE OF INJUR (Month, Day, Year	Y 28b. TII	ME OF 28c. INJ	URY AT		BE NOW INJURY OCC	URED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(MOTAL, Day, Year	<u> </u>		RK? (ES 2 NO			3			
	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory, offic			N (Street and Number wn, State)	or Rural Route Number,			
COMPLETED	Torroom only	CIAN: To the best of my kn R: On the basis of examina						ed. a cause(s) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Choo M	D		D 30		29d. DATE	E SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 27) (Type COSEPH	e, Print) HOSPITI							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		1				-			
	OCT	8 1991	which the widow	- Acodese							



MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

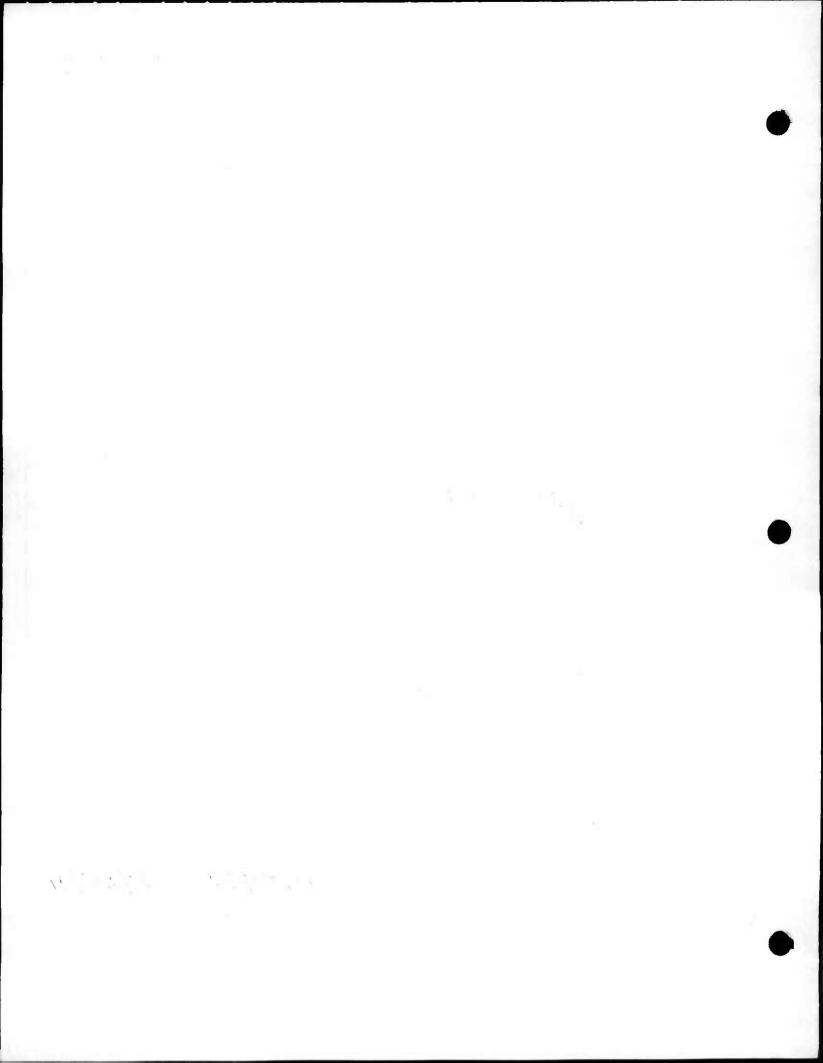
STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	ГН		REG. NO.

1. DECEDENT'S NAME (First, Middle, Las		MARKEN,	SP	IOAIL	<u> </u>	DEA		2. DATE OF DEATH MONTH 10-27-19		YEAR	3. TIME OF DEATH 8:45 A. M			
4. SOCIAL SECURITY NUMBER 213-03-5047		6. AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3-29-191		Country	PLACE (State or Foreign			
9e. FACILITY NAME (If not institution, giv			1110.	ab CITY	TOMPI (OR LOCATI	ON OF DE			NTY OF DE	land			
3220 Texas Ave. RESIDENCE OF DECEMENT 100. STATE Maryland Balt						ore	ON OF DE	AIT .		timor				
10e. STATE 10b. COU	ity		10c. CIT	Y, TOWN OF	LOCA	TION					10d. INSIDE CITY			
	imore		В	Baltimore					T	LIMITS? 1 YES 2 X NO				
3220 Texas Ave.			101. ZIP CODE 21234					10g. CITIZEN OF WHAT COUNTRY?						
10e. STREET AND NUMBER 3220 Texas Ave. 11. Marital status	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. W	AS DEC			IC ORIGIN? (Specify Yes			- American Indian, White, etc.			
3 💢 Widowed 4 🗆 Divorced	FORCES? 1	YES 2 X	K NO It yes, specify Cuben, Mexicen, Puerlo Rican, atc.) Black, W											
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 8 YrS. 17. FATHER'S NAME (First, Middle, Last)		16a. DE	CEDENT'S	USUAL OCI	CUPATIO	ON ost of worki	na	16b. KINO OF BU	SINESS/INC	DUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+))		of work done during most of working Tuse retired.)										
8 Yrs.		Ch	auff	eur				Sun Cab						
17. FATHER'S NAME (First, Middle, Last)	_							ME (First, Middle, Maiden	Surname)					
Ora C Marke	n	100			alle .			. Gordon						
) ISO. INFORMANT S NAME (Typerfills)	- 1						oute Number, City or Tow		o Code)					
Linua M. Spetzi	Linda M. Spetzler						Balt	o., Md. 21		On . T.				
20b. PLACE AND DATE OF DISPOSITION (Name of the policy of									vn, State					
21. SIGNATURE OF FUNERAL SERVICE ROY H. Cathe Roy J. C	C Hall			-			SS OF FAC		ford F	RdBa	lto.,Md. 2121			
23. PART i. Enter the diseases, of shock, or heart failur	r complications that	ceused the de se on sech line	eath. Do r								Approximate interval Between Onset and Death			
disease or condition resulting in death)	a. HYECAR	DIAL IA	JI-AR	CTICN	/				IMMEDIATE					
	b. CORONA	OR AS A CONSE	OUENCE O	FI: BISEA	HE						10 years			
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	F):							10 years			
cause. Enter UNDERLYING CAUSE (Disesse or injury	a DIABE	res									15 years			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
PART ii. Other significant condit	one contributing to	death but not i	reauiting	in the und	dertyln	g cause	given in	Part i. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
HYPERTENSION	J							PERFO			AVAILABLE PRIOR TO COMPLETION DF CAUSE			
PART II. Other eignificant condit HYPERTENSION								1 TYES :	Z M NO		OF OEATH? 1 ☐ YES 2 ☑ NO			
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH /Chi	ick only one)						
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	:		/	6 Other (Specify)						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, De	INJURY	28b. TIM		28c. IN.	JURY AT DRK? YES 2		28d. DESCRIBE HOW	INJURY OC	CUREO	-			
	building etc. (Specify)							281. LOCATION (Street City or Town, State		er or Rural R	oute Number,			
ana)	YSICIAN: To the best of INER: On the besie of ex										end manner es stated.			
LEVEREN L. Nac	FIER Pares MO						ENSE NUM		29d. DA	E SIGNED	(Month, Day, Year) 28, 1991			
50. NAME AND ADDRESS OF PERSON								7-1-1						
Serena R. N	ordn, M.D.	, 8035	Hart	ordkd	٠,	Rait	0., 1	10.21234						
31. DATE FILED (Month, Oey, Year)	9 1891 S	CHANGE	Ser-1	Indese	100									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGII				
		lizabeth	ORTE			2. DATE OF DEATH October		3. TIME OF DEATH 8:54 P		
	4. SOCIAL SECURITY NUMBER 212-46-9745 99. FACILITY NAME (If not institution, give	1 🗆 M 2 🖳 🗲	ln yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	NOV . 14 .	L906	BIRTHPLACE (State or Foreign MARYLand		
CTOR	Franklin Squa			Baltim	OP LOCATION OF D	DEATH	Balt	y of DEATH Cimore		
DIRECTOR		BAltimore	10c. CI1	Y, TOWN OR LOCA	BAltim	ore		10d. INSIDE CITY LIMITS? 1 YES 2 Z NO		
FUNERAL	7603 Cypress A			10	r. ZIP CODE 212:	24	10g. CITIZE	USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		ANIC ORIGIN? (Specify een, Puerto Rican, etc.) ify:	Yes or No — 1	4. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) Collège (1-4 or 5+)	completed) (Give kind of work done during most of working							
111		ssell	is. MOTHER'S NAME (First, Middle, Meiden Surnan Agnes Koch							
TO BI	Mardell White					Route Number, City or 1 Oad BAltir				
	20e. METHOD OF DISPOSITION 20 Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	moval from State	PLACE AND DATE:		1 10/28,	/91 R	LOCATION — CH DSSVILL	y or Town, State e Md.		
TIFICATION	23. PART I. Enter the disease, of ahock, or heart glure immediate CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	complications that caused List only one cause on ea a. CARCINO DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	OF (ch as cerdiec or res		interval Betwee		
: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. ATRICAL FIRST RALLER ON 1 YES 2X NO COMPLETION OF									
	HYPE	2 TENSI	ON	CON	1 (0.0	1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 (Vinpetient 2 - ER/Outper	tient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)				
ву рн	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY WO	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	REO		
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY - building, etc. (Specif	— Al home, ferm, s	treet, factory, office		281. LOCATION (Stree City or Town, Stell	t end Number or e)	Rural Route Number,		
O HE COMPLETED	2 MEOICAL EXAMIN	SICIAN: To the best of my knowle	dge, death occurre	d at the time, date	end place, end due	to the cause(e) end m	enner ee stated.	euse(e) and menner ee stated.		
S T	296. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE NUMBER D17728				GNED (Month, Day, Yest) 0/25/91		
	30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	90	Yin Oung, M 122 Belair Rd				
31. DATE FRED MARTIN Day, 1001) 30. REGISTRAR'S SIGNATURE SELECTION OF MINE 21236										



ā	TO THE MOSTER, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE HORINGE OFFICIAL Mar this certificate has been signed by the attending physician and completely filled in by the	be ned with 2 to burial, creativity the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT IT III 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
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2	cuted	00 p	unial,	lic e
-	8	n an	00	E
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	law	las t	Dept	23
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	The The	cate 1	State	item
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1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTMENT OF CERTIFICATE OF		AL HYGIENE 9	29458
1. DECEDENT'S NAME (First, Mickele, Last) HE. 4. SOCIAL SECURITY NUMBER 5. SEX	LEN BD PARSONSPANS 8. AGE (In yrs. last birthday) 8 UNDER 1 VS	SON S MON	10 27 4	S. TIME OF DEATH P. S. 3. O. M. BIFITHPLACE (State or Foreign
212-10-4502 10 M2	F 93 YRS. MONTHS DA	WS HOURS MIN. (Mor	25-1898	MD
98. FACILITY NAME (If not institution, give street and num SAINT TOSEPH HO. RESIDENCE OF DECEDENT		WN OR LOCATION OF DEATH	9c. COUNTY	9LTO
106. STATE 106. COUNTY	10c. CITY, TOWN OR L	227777		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		10f. ZIP CODE		N OF WHAT COUNTRY?
115 MELROJE AVE		0ECENDENT OF HISPANIC ORIG		U3A
1 Never Married 2 Married FORCE	57 1 YES 2 NO If yo	a, specify Cuban, Mexican, Puerto YES 2 NO Specify:		I. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCU (Give kind of work done durir life. Do NOT use retired.)	PATION 16 most of working	66. KIND OF BUSINESS/INDUS	
Elementary/Secondary (0-12) College (1	Homemaker		Own Home	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First		
John Doory		Anna Proc		
190. INFORMANT'S NAME (Type/Print) Robert L. Doory	The state of the s	reet end Number or Rural Route Nu		
20e. METHOD OF DISPOSITION	200 PLACE OF DISPOSITION (Name	nwood Rd., Ba	20c, LOCATION — Cit	
1 Special 2 Cramation 3 Removal from 4 Donetion 5 Other (Specify)	Harkwood Cemete		Parkville	
21. SIGNATURE OF PUMERAL SERVICE LICENSUS	Ruc	k Towson Fune: Vork Rd., To		
23. PART I. Enter the disease, or complication shock, or heart fellure. List only of IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	ons that ceueed the deeth. Do not anter the ne ceuse on each line. OTE OUE TO (OR AS A CONSEQUENCE OF):			Interval Between
If eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	BREAST	CANCIN	JO111A
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other algnificant conditions contribu	ting to death but not resulting in the under	flying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	AL: OTHER:	18. PLACE OF DEATH (Check only	one)	
	ent 2 ER/Outpatient 3 DOA 4 Nursing	Home 5 ☐ Residence 6 ☐ Ott c. INJURY AT 28d. D	her (Specify) ESCRIBE HOW INJURY OCCU	nro.
1 Natural 5 Pending	Worth, Day, Year) INJURY	WORK?	ESCHIBE HOW INJUNY OCCU	NEU
3 Sulcide 4 Could not be 280. F	PLACE OF INJURY — At home, farm, street, factory, utilding, etc. (Specify)		OCATION (Street and Number or lty or Town, State)	Rural Route Number,
anal	best of my knowledge, death occurred at the time,			
29b. SIGNATURE AND TITLE OF CERTIFIER	2 - 0	29c. LICENSE NUMBER		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COURSE	ED CAUSÉ OF DEATH (ITEM 27) (Type, Print)	D 25	886 > 10	1.27.91
Ceballos mr	ST. JOSEPH	HOSPITA (-TOW	SON MD ZI
31. DATE FILED (Month, Day, Year)	GISTHAN'S MONATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1000	VI-112 21

		•	State of the second sec

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Dr. Carla Alexander 23
31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SI

OCT 3 0 1991 Julia Davidson

THE HOSPINEL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

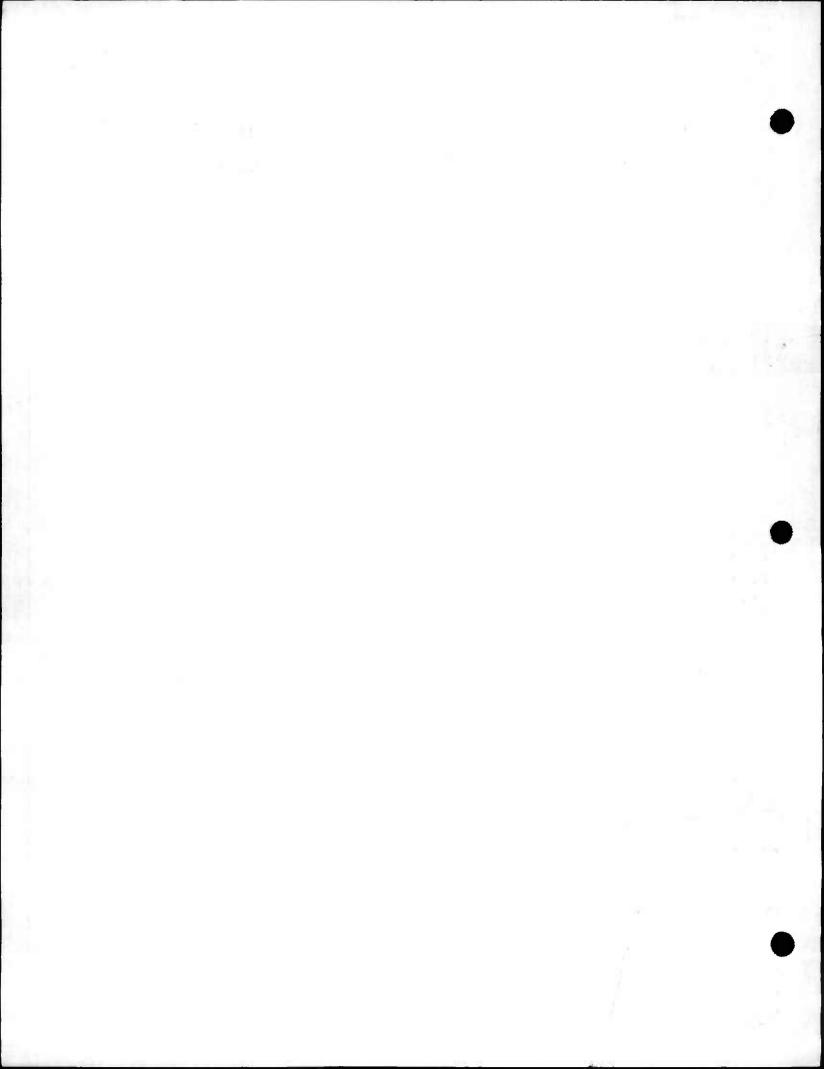
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ANDA PUCE 4. SOCIAL SECURITY NUMBER 5. 2\2 - 34 - 1093 1 100. FACILITY NAME (If not institution, give street STELLA MAY HARFOR MARYLAND HARFOR 100. STREET AND NUMBER 1305 STONEWALL LA	and number) DSPICE	CERTIF yra. last birthday) YRS. 10c. CIT	FUNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN TOWN TY, TOWN OR LOCA	DEATH IF UNDER 24 HRE HOURS MIN OR LOCATION OF	2. DATE MONTH	REG. NO. OF DEATH OCT OF BIRTH 1, Day, Year) 1-12-0	7 0.8	199 TIME OF DEATH 7:30P
Anna Price 4. SOCIAL SECURITY NUMBER 2/2 - 34 - 1093 1 5. FACILITY NAME (II not institution, give street STELLA MARK HORITAGE OF DECEDENT 100. STATE 100. STATE 1305 STONEWALL LA 11. MARITAL STATUS 12	and number) DSPICE	YRS.	9b. CITY, TOWN TOWN TY, TOWN OR LOCA	HOURS MIN	7. DATE (Mont)	0 - 28 - 0 F BIRTH 1, Day, Year) 3 - 12 - 0	7 0.8	MRTHPLACE (State or Foreign
2\2 - 34 - 1093 1 STELLS MAYS HORIZON STORE RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND HARFOR 100. STREET AND NUMBER 1305 STONEWALL LA 11. MARITAL STATUS 12	and number) DSPICE	YRS.	9b. CITY, TOWN TOWN TY, TOWN OR LOCA	HOURS MIN	(Month	3-12-0	7 1	
DB. FACILITY NAME (if not institution, give street STELLS MAYS HO RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STREET AND NUMBER 1305 STONEWALL LA 11. MARITAL STATUS 12	and number) DSPICE	10c. CIT	96. CITY, TOWN TOWN OR LOCA	OR LOCATION OF	30	1-12-0	7 1	maguland
STELLA MARIS HORIS HORIS HORIS HORIS HORIS HORIS HORIS HARFOR HARFOR 1305 STONEWALL LA	ospice		TOWN OR LOCA	son				11/11 41/11 41
MARYLAND HARFOR 100. STREET AND NUMBER 1305 STONEWALL LA 11. MARITAL STATUS			TY, TOWN OR LOCA	211			COUNTY	OF DEATH
MARYLAND HARFOR 100. STREET AND NUMBER 1305 STONEWALL LA 11. MARITAL STATUS							Bal	timore
1305 STONEWALL LA 11. MARITAL STATUS		FA		TION				10d. INSIDE CITY
1305 STONEWALL LA 11. MARITAL STATUS			LLSTON					LIMITS?
11. MARITAL STATUS 12	NE		10	f. ZIP CODE		10	g. CITIZEN	OF WHAT COUNTRY?
				21047			U.S	.A.
	. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2. NO	If yes, s	CENDENT OF HIS Hecity Cuban, Max 2 X NO Spi	ican, Puerto	l? (Specify Yea or I Rican, etc.)		RACE — American Indian, Black, White, atc.
3 🔯 Widowed 4 🗌 Divorced	The same rant of the		1	IM NO SA	cay.			WHITE
15. DECEDENT'S EDUCATI (Specify only highest grade com		(Give kind of	Work done during m	ON ost of working	166	KIND OF BUSINE	S\$/INDUST	RY
Elementary/Secondary (0-12) C	College (1-4 or 5+) NA	ille. Do NOT U	EMAKER		13	OWN HO	OME	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, I	Middle, Maiden Surr	ame)	
FREDERICK MEYERS				SOPE	IIA DO	UGLAS		
19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street					(e)
JOANNA R. MUNIZ (D		1305	STONEWA	LL LANE	, FAL	LSTON, N	D 2	1047
20a, METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗆 Removal	I from State 20b.	PLACE AND DAT	y or other place)	(Name	DAT	E 20c. LOCAT	ION — City	or Town, State
4 Donation 5 Other (Specify)		AKLAWN	CEMETERY	NO ADDRESS OF	EACH ITH	BALT]	MORE	MARYLAND
> June 3	T.s.		SCHI	MUNEK F	UNERA	L HOMES,	INC	MD 21236
23 PART I. Enter the diseeses, or com	plications that ceused	the deeth. Do						
shock, or heart fellure. Lief iMMEDIATE CAUSE (Fine)								Onset and Deat
disease or condition resulting in death)	Lung (cance	r - whik	nown	tvi	De		
resulting in death) . s	DUE TO (OH AS A	CONSEQUENCE	OF):					
Sequentially list conditions, b	hreast	cance	3					
if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE	OF):					
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OFI:					
resulting in death) LAST			/-					
- d								
PART II. Other eignificent conditions of	ontributing to deeth bu	t not resulting	in the underlying	ig ceuse given	In Part I.	24a. WAS AN AUT PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					_	1 YES 2 1	160	OF DEATH?
							100	1 TYES 2 TINO
A WAS STOR DESERBED TO MEDICAL								
	IOSPITAL:		OTHER:	LACE OF DEATH	1	- 11	000	100
27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/Outpa 26s. DATE OF INJURY	26b, Til		ne 5 ☐ Rasiden	7	SCRIBE HOW INJU	OSP/	
1 Natural 5 Pending	(Month, Day, Year)		IJURY W	ORK7 YES 2 NO				
2 Accident Investigation 3 Suicide e Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, atc. (Specil	At home, farm,	atreet, factory, offi	Ca		ATION (Street and or Town, State)	Number or F	Rural Route Number,
20a CERTIFIER								
(Check only	N: To the beat of my knowle							
Z MEDICAL EXAMINER: (Un the besis of axamination	and/or investigat	ton, in my opinion,	death occured at	the time, det	and place, and d	us to the co	suse(s) and menner as stated,

DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE whia Davidson-Randale

Towson, mo

DHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should

use as the burial-transit

TO THE HOSPITAL OR ATTRIBUTED PHYSIANAL The Jaw requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or	TO THE FUNETAL DIRECTOR. Approve commons has been signed by the attending physician and complimity filled in by the funeral director, page 5 should be detached for	on, or removal.	IMPORTANT If them 28 is marked for them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e executed within	an and completely	be fled within 72 hours after own with the State Dept. or Health and Mental Hydrene prior to burial, cremislion, or removal.	umatic event, t
death certificate b	attending physici	ental Hygiene prior	ny, or other tra
requires that the	een signed by the	of Health and M.	shows any inju
States. The Jaw	certificate has b	of the State Dept.	Nor Item 23
TEMPLES PHY	Of Approprie	this challed with	8 ls. market
TAL OR AT	RAL DIRECT	72 hours at	If them 2
TO THE HOSP	TO THE FLINES	be filed withen	IMPORTANT

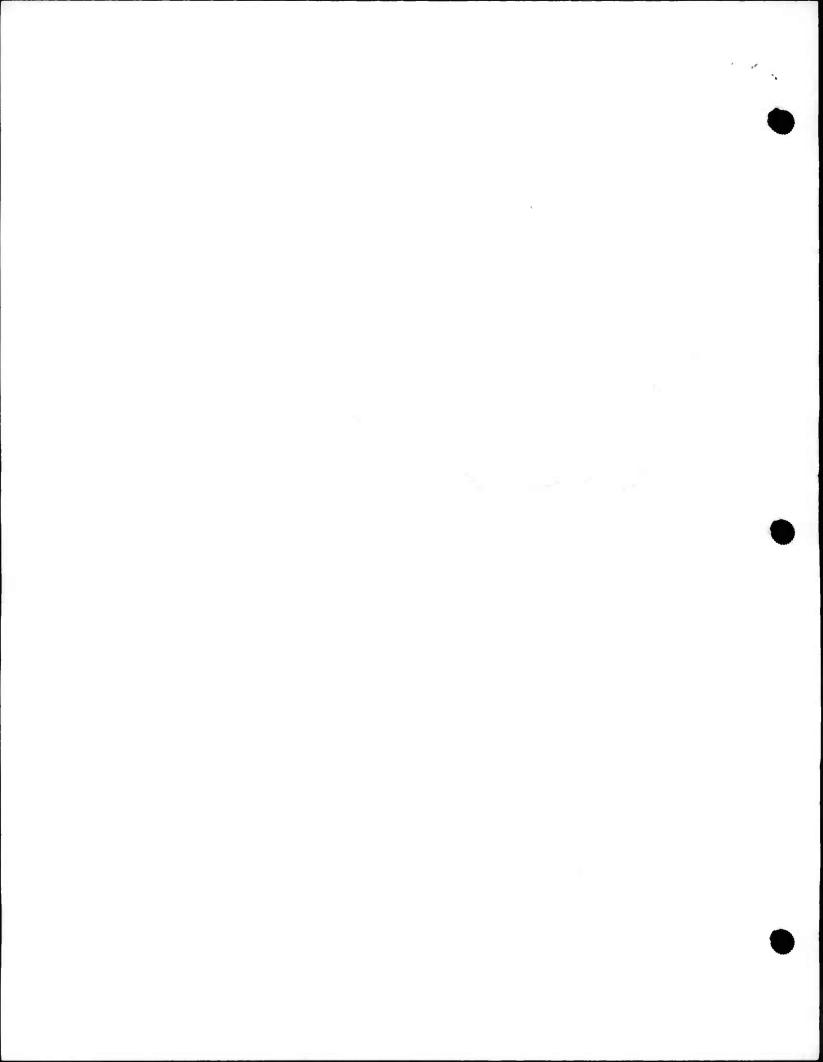
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR JOSEPHINE Η. **PFLUEGER** 28 10 91 22:07 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 79 YRS. 218-80-3881 12/16/11 Germany 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Saint Agnes Hospital Baltimore City Baltimore City 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Baltimore County Woodlawn 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6303 Mt. Alto Avenue 21207 USA 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 THO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian Black, White, atc. FORCES? 1 YES 2X 200 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 🔀 Widowed 4 🗌 Divorced White ED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) ast of working COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Kreutzer Maria Hibbel 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Helmut John Pflueger 8604 Inwood Rd. Baltimore, MD 20e. METHOD OF DISPOSITION
1 💢 Burial 2 □ Cremetion 3 □ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Lorraine Park Cemetery 11-2-91 Woodlawn, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition PULMONARY THROMBOEMBOLISM reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to desth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO OF DEATH? 1 X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 XNO 1 X Inpetiant 2 ☐ ER/Outpetlant 3 ☐ DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the causa(a) and manner as stated. 295 SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE D09990 ar 10/29/91 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael E. Pelczar, M.D., 900 Caton Avenue, Baltimore, MD 21229

32. REGISTRAR'S SIGNATURE

Taydson-Pandall

31. DATE FILEO (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAN	D / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	1
	THOMAS 4. SOCIAL SECURITY NUMBER	5. SEX	JOHN		PAS		10 28		8:45	ам
	217-50-3933	1 💢 M 2 🗆 F	8. AGE (In y	rs. last birtnday) 44 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 3. 10	Coun	HPLACE (State or Foreitry) Marvland	sign
0.	9e. FACILITY NAME (If not institution,				9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF		
οř	3814 DUNSMU	IR CIRCLE			ESS	ΞX		BALTI	MORE	
DIRECTOR	Maryland Ba	ltimore County	,		y, TOWN OR LOC iddle Riv				10d. INSIDE CITY LIMITS? 1 YES 2 W N	10
FUNERAL	100. STREET AND NUMBER 3814 DUI	nsmuir Circ	le /	Ant D		or. ZIP CODE	220		WHAT COUNTRY?	-
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.	S. ARMED			NIC ORIGIN? (Specify Yes	United	STATES E - American Indian	
B≺	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W		: ⊠но В	If yes, s	pecify Cuben, Mexice S 2 X NO Specif	m, Puerto Ricen, etc.)	Blac	k, White, etc.	
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16	(Give kind of a	USUAL OCCUPAT	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		life. Do NOT us	l Techn					
00	17. FATHER'S NAME (First, Middle, Las	1)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)		
H	Salvadore 190. INFORMANT'S NAME (Type/Print)			Pas	-		olores	Hoop	es	
2	Dolores Pasqua						Route Number City or Town		21050	
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 C 4 Donation 6 Other (Specify)		cemeter		F DISPOSITION (A		DATE 20c. LO	CATION — City or To	own, State	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE Milton	1 Kni	ght Jr		ND ADDRESS OF FA		ltimore		
	Multon	Knyld	4-		Leo	nard J. R	Ruck, Inc.	5305 Ha	yland 212 rford Roa	214 ad
	23. PART I. Entar the diseases shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Auch	arc	Ilna.		./	has cardiac or raapi		Approximate interval Bety Onest and D	wean
CERTIFICATION	Sequantially list conditions, if sny, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c		NSEQUENCE OF						
	PART ii. Other significant cond	itions contributing to	daath but n	ot resulting i	n tha undarivir	g cause given in	Part i. 24e. WAS AN	ALITODEY 244	. WERE AUTOPSY FIND	
PHYSICIAN: MEDICAL	Obesity						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO	USE
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	ACE OF DEATH (Che	eck only one)			
YSI	YES 2 NO	HOSPITAL:	ER/Outpatier	N 3 DOA	OTHER: 4 Nursing Hor	ne XXResidence	6 Other (Specify)			
ву Рн	27. MANNER OF DEATH Netural 5 Pending Investigat	28e. DATE OF I (Month, De	NJURY y, Ybar)	28b, TIME INJU		URY AT PRK?	28d. DEŞCRIBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not determine	building, e	INJURY - A	t home, ferm, s	treet, fectory, offic		281. LOCATION (Street e. City or Town, State)	nd Number or Aural I	Poute Number,	
COMPLETED	29e. CERTIFIER (Check only	HYSICIAN: To the best of n	ny knowledge	, death occurre	d at the time, date	end place, end due	to the cause(e) end mend	ner ee stated.		
	296. SIGNATURE AND MILE OF CENT	MINER: On the basis of exe	emination end	l/or Investigation	i, in my opinion, i	eath occured at the	time, date end piece, end	due to the ceuse(e) end manner as state	nd.
TO BE	Let Det	1, ux				O . C . M		≥ 10/2	(Month, Day, Year) 8 / 1991	
	FRANK 5 F	WHO COMPLETED CAUSE	PULL I			REET B	ALTIMORE	. MARYI.	AND 212	0.1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		ıΕ				,	no 1 &n	<u> </u>
L		CT 29 1991	Chil	Ex Said	- Pande	10				

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be secured within 24 foor, the death Case, Page 6 may be retained by the hospital or attending physician.

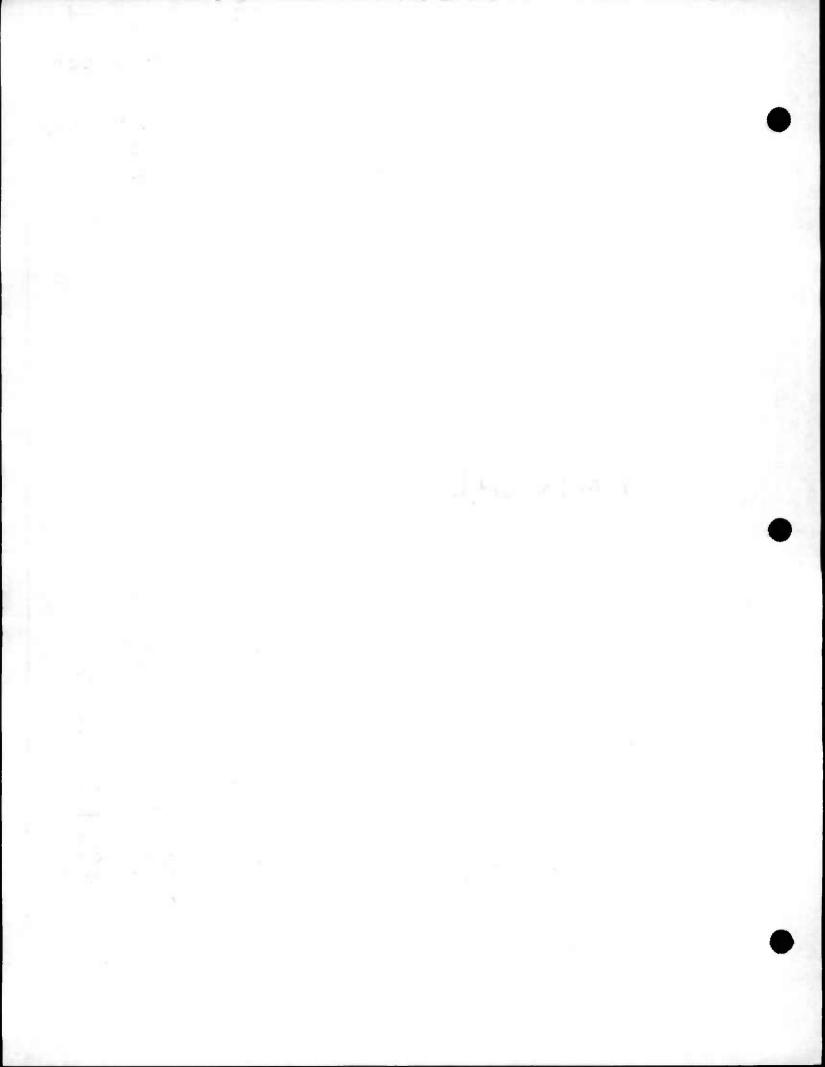
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the foot of the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens infort to burial, certained, cremonal interpretability in the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF H	IEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest) CHARLES	WAY		REEVES		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 229-38-2651	1 M 2 🗆 F	AGE (In yrs. last birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-28-19		BIRTHPLACE (State or Foreign Country) Virginia	
TOR	98. FACILITY NAME (If not institution, give some state of the second sec				TIMORE		9c. COUNTY	OF DEATH	
DIRECTOR	106. STATE 10b. COUNT Maryland	10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1 North Ellwoo	d Avenue			. ZIP CODE 2122	4		10g. CITIZEN OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nicolary Wildowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? TO IF YES, GIVE WAR KOTE	YES 2 NO	If yes, spo	ENDENT OF HISPA ecify Cuben, Maxic 2 NO Speci	ANIC ORIGIN? (Specify Year, Puerto Rican, stc.)	es or No— 14.	Black, White, stc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		DN st of working		USINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)	Reeves	Carpe	nter	18. MOTHER'S N. ROSE	AME (First, Middle, Maide		bert	
TO B	196. INFORMANT'S NAME (Type/Print) Louise A Reeve					Route Number, City or To		Maryland	
	20a_METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Completely, crematory or completely.	rans Ce	emetery	10-31-9	ocation – city 1 Owir	ngs Mills Md	
	1/6/	7-	-	Josep 263 S	oh N. Z Conk	annino J ling St	r. Ful Balto	neral Home . Md. 21224	
	23. PART 1: Enter the diseases, or strock or been failure. IMMEDIATE CASE (Final disease or condition resulting in death)	. For	as a consequence of	ref	de of dying, suc	ch sa cerdlec pr res	olretory arrest	Approximate interval Between Onset end Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	c	AS A CONSEQUENCE O						
CAL	PART II. Other significant condition	s contributing to des	oth but not resulting	in the underlying	cauee given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (C)	neck only one)			
BY PHYS	1 X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	1 Inpatient 2 XER	JRY 28b. TIM	E OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide S Could not be detarmined	28s. PLACE OF IN. building, stc.	JURY — At home, ferm, s (Specify)	street, factory, offica		281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,	
COMPLETED	2 X MEDICAL EXAMINE		knowledge, death occurre	n, in my opinion, de	and place, and due	to the cause(s) and me	nner ss stated.	ause(s) and manner as stated.	
TO BE	AND ADDRESS OF PERSON WHI	ale M	W	200	O . C . M			GNED (Month, Day, Year) DBER 30 , 1991	
	J. LARON LOC		111 PE		BALTIM	ORE, MD.	21201		
	OCT 3 0 1991		Isma Randala						

IOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE PASS THE PARTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trous after death. Page 6 may be retained by the host TO THE PASS THE CHARLES AND After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in by the funeral director, page 5 should be detached filled in the funeral director. The filled in the funeral director is a filled by the funeral director in the filled in the funeral director.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	ICATE OF		REG. N		3. TIME OF DEATH
	John	n Emil	Reedt		October	29, 1991	A .
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	/, DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
215-05-1719	1. X 4 2 - F	76 YRS.	MONTHS DAYS	HOURS MIN.	Feb 28	1915	Maryland
9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN OF	LOCATION OF DEA		9c. COUNTY C	
Meridian Nursing Cent	ter-Hamilton		Balti	more Cit	У		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Lacan					To company
		10c. C11	TY, TOWN OR LOCATIO				10d. INSIDE CITY LIMITS?
Maryland				more Cit	У	Tan- orange	1 X YES 2 NO
3029 Woodrin	α Ανερμο		100.		1234		d States
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	NDENT OF HISPANIC			
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spec	cify Cuban, Mexican, 2 X NO Specify:	Puarto Rican, etc.)		IACE — American Indian, Black, White, etc.
3 X Widowed 4 Divorced	ii ico, oric war on o	AI LO	I TES	Z (A) NO specify:		· ·	White
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATION	N t of working	16b, KINO OF	BUSINESS/INDUSTF	TY .
Elementary/Secondary (0-12)	College (1-4 or 5+)	100	work done during most use retired.)				
6		Driver-	-Salesman				
17. FATHER'S NAME (First, Middle, Last)	Doodt			18. MOTHER'S NAM			
Karl	Reedt				ara	Zelka	
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and				
Phyllis A. Bowie			09 Woodri				21234
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remo			of disposition (Cemetery			LOCATION — City of	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENDEE					altimore	<u> </u>
21. SIGNATURE OF PUNERAL SERVICE CO.	Milton J	Knight Jr	22. NAME AND	D ADORESS OF FAC	Balti	more, Md	. 21214
Millians	F - 1/.1				Duror		
23. PART I. Enter the diseases of c ahock, or heart failure. I iMMEDIATE CAUSE (Fine disease or condition resulting in death)	List only one cause on e	ech line.	not enter the mod	le of dying, such	k, Inc.	5305 Ha	rford Road Approximate interval Between
shock, or heart feliure. I	List only one cause on e Chronic Oue to (or as Diabe	A CONSEQUENCE C	phocyfic phocyfic price	e of dying, such Leyk Disea	k, Inc.	5305 Ha	rford Road Approximate interval Betw
shock, or heart feilure. I iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	List only one cause on e Chronic Oue to (or as Diabe	A CONSEQUENCE CO	phocyfic phocyfic price	e of dying, such Leyk Disea	k, Inc.	5305 Ha	rford Road Approximate interval Between
shock, or heart feliure. I	List only one cause on e	A CONSEQUENCE CO	phocyfic of tery of: lellitu	e of dying, such Leyk Disea s	k, Inc. aa cardiac or re Cem ica Se	5305 Ha	rford Road Approximate interval Between Onset and De
shock, or heart feliure. I	List only one cause on e	A CONSEQUENCE CO	phocyfic of tery of: lellitu	e of dying, such Leyk Disea s	k, Inc. aa cardiac or re Cem / C	5305 Ha epiratory arrest, AN AUTOPSY FORMED?	PFORD ROAD Approximate interval Betw. Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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shock, or heart feliure. I	List only one cause on e	A CONSEQUENCE CO	phocyfic of tery of: lellitu	e of dying, such Leyk Disea s	k, Inc. aa cardiac or re Cem / C	5305 Ha epiratory arrest, AN AUTOPSY FORMED?	PFORD ROAD Approximate interval Betwood Onset and De Ons
shock, or heart feliure. I	List only one cause on e	A CONSEQUENCE CO	ohocyfic of: rtery of: ellitu in the underlying	Leyk	k, Inc. aa cardiac or re CEM C	5305 Ha epiratory arrest, AN AUTOPSY FORMED?	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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ahook, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	List only one cause on e Chronic Oue To (or as a pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure to (or a) pure	A CONSEQUENCE CO A CONSEQUENCE CO A CONSEQUENCE CO DUIT not resulting partiant 3 DOA 28b. Til	on tenter the mod on ocyfic of: fly fly of: at Nursing Home wor ME of JURY ME of JURY ME of JURY ME of JURY ME of JURY MOR J	Leyk Leyk Disea Cause given in F ACE OF OEATH (Check 15 Realdence 8 IRY AT ES 2 NO	k, Inc. aa cardiac or re Cem ; Co art I. 24a. WAS PER 1 YES do Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Str.	AN AUTOPSY FORMED? 3 2 NO	Approximate interval Betw. Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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ahook, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER? 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	List only one cause on e Chronic Oue TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / A contributing to death to A contributing to death to B contributing to death to CIAN: To the best of my know R: On the best of axaminatic	petiant 3 DOA petiant 3 DOA 28b. Till Y— At home, farm, colly) wiedge, death occur on and/or investigati	on the enter the mode of the cyfic of the cy	Leyk Leyk Leyk S Cause given in F ACE OF DEATH (Check 5 Residence 8 JRY AT HKY ES 2 NO and piece, and due to the the course of the the course of the the the course of the the the the the course of the the the the the the the the the the	k, Inc. aa cardiac or re Cem ; C, Se art i. 24e. WAS PERI 1 YES ck only one) Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	AN AUTOPSY FORMED? S 2 NO W INJURY OCCURE Water and Number or Rule manner as stated. and dua to the cau 29d. DATE SIG	Approximate interval Betw Onset and De Onset



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THAT OF ALLENDING PRINCIPLY HE ISM requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos	should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	
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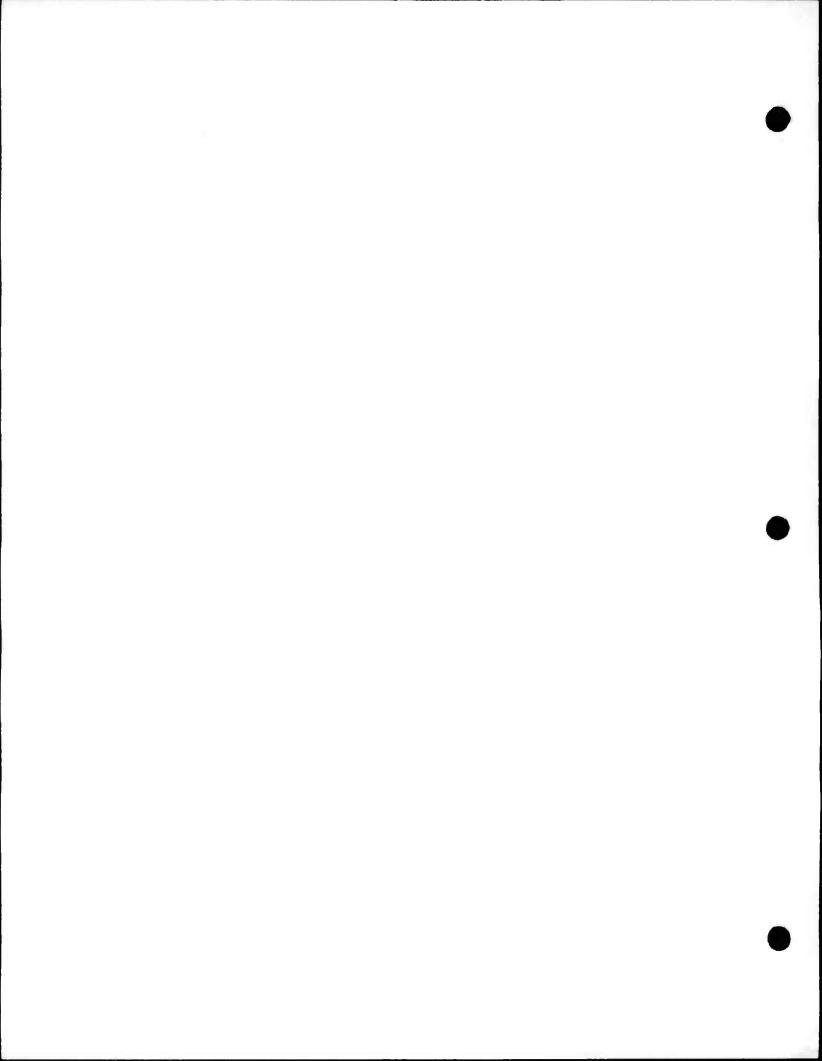
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFI	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) JULI RILEY Juli Louise	Riley	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	JULI XILLY		10 28 9	91 5,55p M
	at Mac (iii) yrs. hist birthday)	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 20, 194	BIRTNPLACE (State or Foreign Country) Maine
	9s. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D		
DIRECTOR	Joseph Ritchie Hospital	Baltimore 9c. county of Death		
[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 40c CITY			
<u>E</u>	106, CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland	Baltimore		1 X YES 2 NO
RA	TID 3-2-111-5-	101. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?
W	621 N. Bouldin St.	21205	U.	S. A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 1 Never Merried 2 Merried FORCES? 1 YES 2XXNO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
BY	3 XWidowed 4 Divorced IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Maxic		Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Glass kind of we	SUAL OCCUPATION	16b. KIND OF BUSINESS/IND	
E.	College (14 of 3 4)	ork done during most of working retired.)		
MP	NA NA Homem	aker	Own Home	
8	17. FATNER'S NAME (First, Middle, Last)	18. MOTHER'S N	AME (First, Middle, Malden Sumame)	
BE	Wilfred D. Griffith	Marily	n P. Durrant	
01	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING A	ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip	Code)
-	Kristofer Riley (Son) 621 N	. Bouldin St.,	Baltimore, Md.	21205
	20a. METNOD DE DISPOSITION 1	DISPOSITION (Name of place)	DATE 20c. LOCATION -	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Baltin	nore, Maryland
		Schimunek Fun	eral Homes, Inc	
	23/ PART I. Enter the diseases, or complications that caused the death. Do no shock, or heart fellow, Just only one caused the ceath.	3331 Brehms L	ane, Baltimore,	Maryland 21213
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.	atoleins	tic Metor.	Interval Between Onset and Death
	PART II Other significant conditions contribution to death to			
EDICAL	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ā			1 YES 2 NO	COMPLETION DF CAUSE DF DEATH?
Σ				1 NES 2 NO
Z				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Ch	eck only one)	
YS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4	OTHER: Nursing Home 5 Residence	8 Other (Specify)	
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME (Month, Day, Year)		28d. DESCRIBE NOW INJURY OCC	URED
COMPLETED	3 Suitcide 8 Could not be detarmined Council Suitcide Suitcide Could not be detarmined Suitcide Suitci	et, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
<u>"</u>	29a. CERTIFIER			
₹	299. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINED, On the best of my knowledge, death occurred.	at the time, date and place, and due	to the cause(s) and manner as atate	d.
8 1	2 MEDICAL EXAMINER: On the basis of examination end/or investigation,	In my opinion, death occured at the	time, dats and place, and due to the	cause(s) and manner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	ABER 29d. DATE	SIGNED (Month, Day, Year)
	NIME O. KIND	D26:	SLT IN	-289
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Pr	1~		
-	2006018 1) KUSS 16/14 (AM	THE (TW	MBIS MD	4015
	31. DATE FILED (MONTH), Day, Year) 32. REGISTRAR'S SIGNATURE OCT 3 0 1991 Fish Dayindama Randa 00			
	UCI 30 1991 Julia Davidson-Randelle			

DIVISION OF YTAL RECORDS, P.O. BOX 13146,

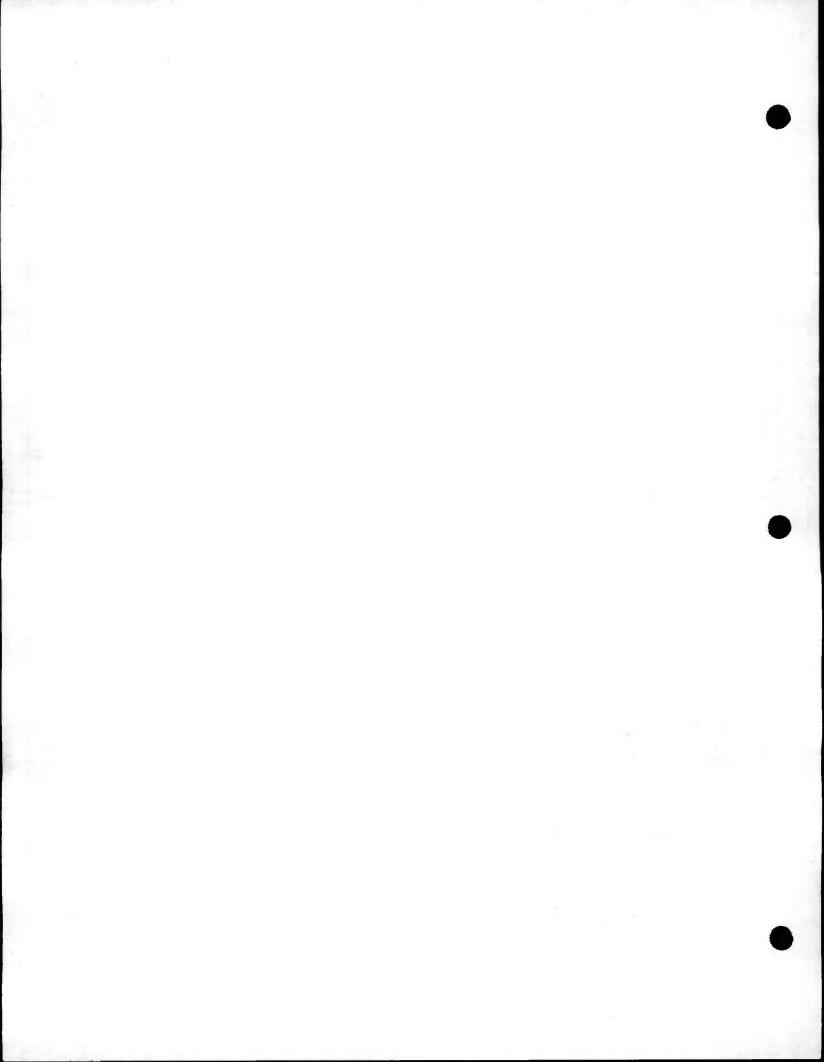
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TO THE HOSPITAL OR ATTENDING PHYSICAN THE TAN INQUIRES that the death certificate be executed within 2% July after death. Page	funeral		subcortant to seem 20 is mosted or stem 23 shows any injury or other fraumatic event the medical examiner of
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	FOR	STATE OF M	AARYI AND	/ DEPAR	RTMENT	OF H	FAITH	AND I	MENTA	I HAGIEN	9	-	9400
	1 - STATE REGISTRAR	OINIE OI I		ERTIF						REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	10 rie	ARIE i	BARBAI	RA SI	EIMS	ŝ		MON			YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)				7. DATE OF BIFTH 6. BI			6. BIRTHPLA	ACE (State or Foreign	
	213-48-2640	1 🗆 M 2 💢 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV	1th, Day, Your) 18	1894 BALTII		TIMORE
_	9e. FACILITY NAME (If not institution, give st						R LOCATI				9c. COUN	TY OF DEAT	н
Ę,	RESIDENCE OF DECEDENT												
DIRECTOR									d. INSIDE CITY LIMITS?				
	Battimore City									YES 2 NO			
ERA	100. STREET AND NUMBER 700 W. 40th St. 109. CITIZEN OF WHAT COUNTRY? 21211 USA									COUNTRY			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc. Black, White, etc.) 14. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 1. Nover Marriad 2 — Marriad 2									American Indian,			
ΒY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	VAR OR DATES	-A.io			2/XNO			meen, arca		Specify:	Wnite
	15. DECEDENT'S EDUC (Specify only highest grade		16e.	DECEDENT'S	S USUAL OC	CUPATIO	ON		16	b. KIND OF BUS	SINESS/INDU	JSTRY	MITOC
=	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	mernak		SI DI WORKI	79		Home			
COMPLETED	12 Years			rio	memak	.61	16 MOT	NED-C NA	ME (Einst	Middle, Meiden	Sumamal	_	
BE C	John Wekenman							Barb		Deriges			
TO B	19e. INFORMANT'S NAME (Type/Print)	_								mber, City or Town		,	0.15
	Leonard A. Seims	5	001 510		0 Nor		<u> </u>		Ва	ltimore			210
	1 Di Buriel 2 Cremation 3 Rama 4 Donation 5 Other (Specify)	oval from State	other	CE OF DISPO	nmont							re. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 / 2	~ (7	22. 1	NAME AN	ND ADDRE	SS OF FA			· ·		u., y = u., e
	James 7. Bu	urnside,	Jr.	J.	M	11 tcl 500	nell Yorl	-Wie	dete B	ld Home	e, Ind	C. arvla	nd 21212
	23. PART i. Enter the diseases, or cahock, or heart fallure.												Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition	20.20	500	2.10									Onaet and Death
	resulting in deeth)	DUE TO	(OR AS A CON	SEQUENCE (OF):								
Z	Sequentially list conditions,	b											
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEOUENCE (OF):								
IFI	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CON	SEOUENCE (OF):								
CERTIFICATION	reaulting in death) LAST	d											-
	PART II. Other aignificant condition	e contributing to	deeth but no	t reaulting	in the un	deriyin	g cause	given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
MEDICA	CHF	dem	entra	-141	Id					1 TES 2	. /	C	OMPLETION OF CAUSE F DEATH?
ME					_						,	1	☐ YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF I	DEATH (C)	eck only	one)			•
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nurs		70 5 🗆 R	eeldence	6 🗆 Oti	her (Specify)			
PH	27. MANNER OF DEATH 1 Netural 5 ☐ Pending	26e. DATE Of (Month, I	F INJURY Day, Year)	26b. TI	ME OF		PRK?		28d. D	ESCRIBE HOW I	NJURY OCC	URED	
B	Accident Investigation	26e, PLACE	DE INJURY — AI	home, ferm.	atreet, fact		YES 2 (NO	26f. LC	CATION (Street	and Number	or Rural Rou	te Number
	4 Homicide 6 Could not be determined	building	, etc. (Specify)			,,			Cit	ty or Town, State)			
COMPLETED	29e. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of	f my knowledge	, death occur	rred at the ti	lme, date	end plac	e, end due	to the c	cause(a) end ma	nner ee state	ed.	
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of	examination end.	or investigat	lon, in my o	pinion, d	death occu	red at the	time, de	nte and place, er	nd due to the	e ceuse(e) e	nd menner as stated.
BE (296. SIONATURE AND TITLE OF GERTIFIE	in A					29c. LIC	ZU9	MBER	,	29d, DATE	SIONED (M	longh, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (ITEM 27) (Typ	oe, Print)	, ,	V	711	0 0	1 -1	0	0/30	/ */
	David 6 - Palvert	KIND.	65	65 1	V. CI	had	es st	. 1	alt	. Ked	. 20	1204	
	31. DATE FILED (Month, Dey, Year)	32. REGISTA	ar's signatur	e notable									
	1001 0 0 1001	1		-									



FOR STATE REGISTRAR		STATE OF M	MARYLAND / DEPAR CERTIF	TMENT OF H			YGIENE EG. NO.
1. DECEDENT'S NAME	(First, Middle, Last)					2. DATE OF D	EATH DAY
BABY	JACOB	ALDRIC	H SONNEGA			10	24
4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNGER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	RTH

	BABY JACOB	ALDRICH	SONNEGA			MONTH 10 2		year 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER NONE	5. SEX 6. AG		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give	, A		b. CITY, TOWN C	R LOCATION OF DEA	10 24	199 9c. COUNT	99 Maryland			
TOR	THE JOHNS HOPKIN	NS HOSPITAL		BALTIMO	RE		BALTIMORE CITY				
- DIRECTOR	Maryland 10e. STREET AND NUMBER	'Y		altimor	e City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	3604 Woodlea Av	e.		10f	21214		DRIGIN? (Specify Yea or No- uarto Rican, etc.) 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian Black, Whita, etc. Specify: White				
B	11. MARITAL STATUS 1 [X] Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2 NO	If yes, sp	ENDENT OF HISPANI ocity Cuben, Maxican, 2 X NO Specify:	, Puarto Rican, atc.)					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor- life. Do NOT use in Depend	k done during mo etired.)		16b, KIND OF BU					
BE CON	17. FATHER'S NAME (First, Middle, Last) John	Sor	nega	CITO	18. MOTHER'S NAM	le (First, Middle, Meider da Ja	,	Benedict			
TO B	19a. INFORMANT'S NAME (Type/Print) Mr. John Sonned		19b. MAILING AI	as #10		oute Number, City or Tox					
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND DATE Of cemetary, crematory or HIIITO	F DISPOSITION Other place) D Servi	ce 10	1	CATION CI	ty or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE L	censee Paul L. H	lartsock,Jr.		D ADDRESS OF FAC	Daici	more,	MD 21214 Harford Rd.			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pasis ten DUE TO (OR A DUE TO (OR A DUE TO (OR A	A STICLET S A CONSEQUENCE OF): ON I W S A CONSEQUENCE OF):	+ Hear	t Hyperte	nsion		Onset and Death 12 hrs 12hrs 12hrs			
: MEDICAL	PART II. Other algolificant condition	na contributing to death	h but not resulting in	the underlying	g cause givan in F	PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Chec						
/ PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	26a. DATE OF INJUF (Month, Day, Yea	RY 28b, TIME (OF 28c. INJ	URY AT RK?	Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED			
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJU- building, atc. (S	JRY — At home, farm, stri Specify)			28t. LOCATION (Street City or Town, State	and Number o	v Rural Route Number,			
COMPLETED	000)	SICIAN: To the best of my kr						d. cause(a) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Sta	uda,	CM	D36	BER 38	29d. DATE	SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON W Estelle Gaud	a, MO / Joh	ns Hopkin	s Hosp	ital						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S 1 2 9 1991	GUNIA LEVILA	m-Mande	2.						



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-DIVISION OF VITAL RECORDS, P.O. BOX 68760,

5 6 8 F F F

OCT30

1991

32. REGISTRAR'S SIGNATURE

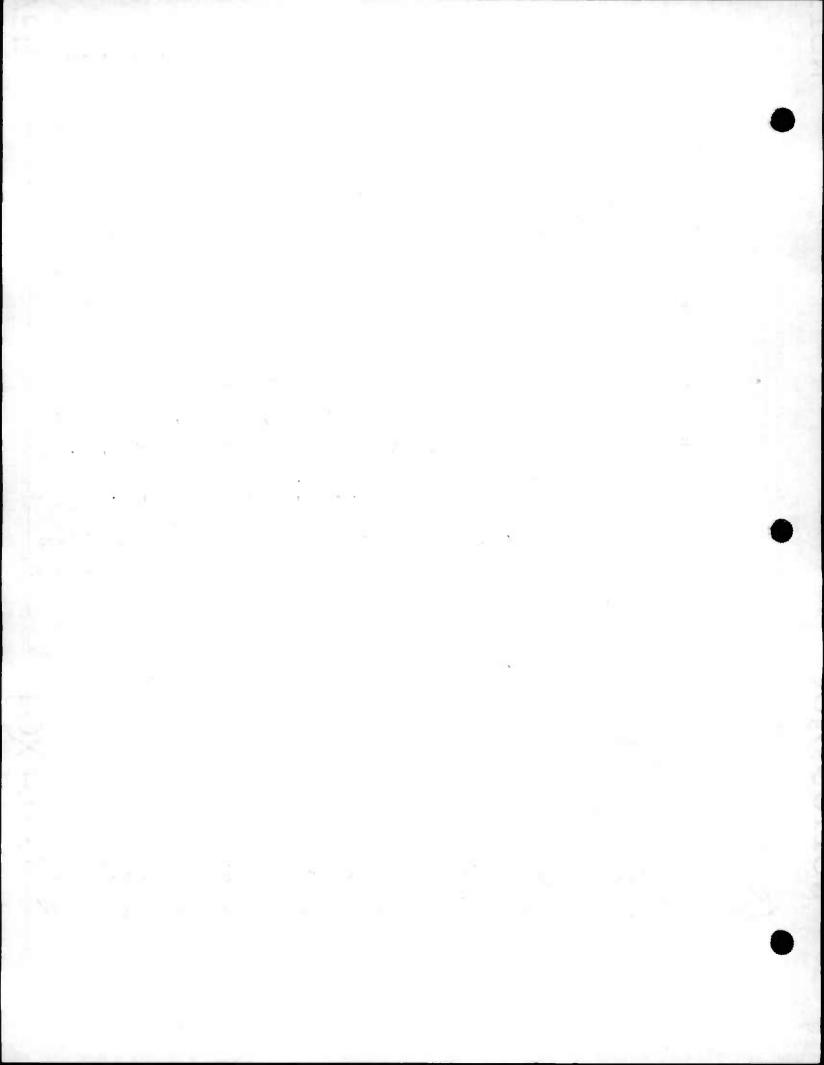
	Middle, Last)				FICATI		DLA		2 0	REG. NO	J		3. TIME OF DEATH
Daniel William					Shea					ONTH	DAY	YEAR	
4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday						Oct. 26 19			
.67 00 20/0	1 DM 2 DE				MONTHS	DAYS	HOURS	MIN.	1 " (4	fonth, Day, Year)		Coun	HPLACE (State or Foreigny)
467-88-3040 The Mark of the stitution, give street and number)				11191						1g 4.	1949	-	ryland
		a oor and namely			9b. City	, IOWN	DR LOCAT				9c. COU	NTY OF	DEATH
3628 Jessica	Lane							Perr	у	lall	Ba	ltim	ore
10a. STATE 10b. COUNTY 10c. CITY, TOWN (OR LOCA	TION		_				10d. INSIDE CITY	
Maryland Baltimore Perry I						Ha11						LIMITS?	
						101, ZIP CODE					10a CIT	TEN OF	1 YES 2 XNO
0620 Tanada	T	D 77	11 1						_		log. Cit	IZEN OF	WHAT COUNTRY?
3628 Jessica	Lane	12. WAS DECEDEN	TEVER IN U	arylanc	19	WAS DEC		2112		101110 10 11 11	-		.S.A.
☐ Never Married 2 🏋	Married	FORCES? 1 IF YES, GIVE Y	YES	2 NO		if yea, sp	ecify Cubi	ın, Maxica	in, Pue	IGIN? (Specify Yorto Rican, atc.)	na or No—	14. RAC Blac	E — American Indian, ck, White, atc.
Widowed 4 Divor	roed	IF YES, GIVE F	INH OH DATE	ES		1 YES	2X NO	Specify	y:			Spec	
15. DECI	EDENT'S EOU	CATION	1	I6a. DECEDENT'	S USUAL O	CCUPATIO	ON			16b, KIND OF BU	ISINESS /INI	DIJETRY	White
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Give kind of life, Do NOT	work done.	during mo	st of worki	ng		IOD. KIND OF BO	Jaime 22/IME	DUSTRY	
N/A		N/A		Detecti	Ve					Balto.	City	Po1	ice Dept.
7. FATHER'S NAME (First, Mil	ddle, Last)	N/A				-	16 MOT	HED'S NA	ME /F	st, Middle, Maider		- 01	Lee Dept.
Villiam	н.]	н	C1	hea				1117			sumame)		T navores
94. INFORMANT'S NAME (Ty		11.	31		0.400000			nade					Lavery
		(Wife)								lumber, City or Tox			1100
Susan	Shea	(MTIG)	_					Per	-	Hall, Ma			
Buriet 2 - Cremetion	n 3 🗆 Remo	oval from State	20b. Pl	LACE AND DATE ary, cremetory or	OF DISPOS other place)	ITION (Na	me of		DATE 20c. LOCATION — City or Tow				
☐ Donation 5 ☐ Other (St	Josep							ltimore, Maryland		
I, SIGNATURE OF PUNERAL	SERVICE LIC	ENSEE			S C 1	NAME AN	DADDRE	Fund	CILITY	Home,	Tnc		
- Solo	7	111.										Mana	land 2123
MMEDIATE CAUSE (Find	iait landig, i	Liet only one cau	se on each	ha death, Do h Ilna,	not anter	tha mo	da of dy	Ing, auci	h aa c	ardiac or rasp	olratory are	rest,	Approximata interval Batw
MMEDIATE CAUSE (Fina	ons, flata	DUE TO	OR AS A CO	ONSEQUENCE O	DF):	tha mo	ng	C	n as c	cardiac or raap	eliratory arr	rest,	Approximata interval Batw
MMEDIATE CAUSE (Finificate or condition esulting in death) Sequentially list condition and in the condition of the condition	ons, lists with the conditions	DUE TO	(OR AS A CO	ONSEQUENCE O	DEF):	tha mo	ng	C	h as c	cardiac pr rasp	I AUTOPSY RMED?	rest,	Approximata interval Batwonaet and Discourse
MMEDIATE CAUSE (Finificate or condition esuiting in death) Sequentially list condition any, leading to immediates. Enter UNDERLY! AUSE (Disease or injuriated events eaulting in death) LAST	ons, lists with the conditions	DUE TO DUE TO S. DUE TO	(OR AS A CO	ONSEQUENCE O	DEF):	tha mo	ng	C)	Part I.	24a. WAS AN PERFO	I AUTOPSY RMED?	rest,	Approximate Interval Baty Onset and D
MMEDIATE CAUSE (Finificates or condition esuiting in death) Sequentially list condition and in the sequential of the se	ons, lists with the conditions	DUE TO	(OR AS A CO	ONSEQUENCE O	OF): OF): OTHER	tha mo	da of dy	given in	Part I	24a. WAS AN PERFO	I AUTOPSY RMED?	rest,	Approximate Interval Baty Onset and D
MMEDIATE CAUSE (Finificates or condition esuiting in death) Sequentially list condition and in the sequential of the sequential or sequential	DONS, SIGNA ON THE CONDITIONS OF MEDICAL	DUE TO DUE TO S. B. CONTRIBUTING TO	OR AS A CO	ONSEQUENCE O	OF): OTHER 4 Num	derlying 26. PL 1: ing Horn 28c. INO	ace of D	given in	Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	246	Approximate Interval Baty Onset and D
MMEDIATE CAUSE (Finificates or condition esulting in death) Sequentially list condition any, leading to immediates. Enter UNDERLY! AUSE (Disease or Injury hat initiated events eaulting in death) LAST PART II. Other significates S. WAS CASE REFERRED TO EXAMINER? 1 MANNER OF DEATH 1 Netural 5 P	DONS, SIGNA ON THE CONDITIONS OF MEDICAL	DUE TO DUE TO	(OR AS A CI (OR AS A CI (OR AS A CI death but	ONSEQUENCE OF CONSEQU	OTHER 4 Num	26. PL	ACE OF DI	given in	Part I.	24a. WAS AN PERFO 1 YES :	I AUTOPSY RMED?	24b	Approximata Interval Batwonset and D. Solution of Cause of Death?
MMEDIATE CAUSE (Finifisease or condition esuiting in death) Sequentially list condition any, leading to immediates. Enter UNDERLY! AUSE (Disease or Injury hat initiated events eaulting in death) LAST PART II, Other significant was a condition of the condition	Dons, lists NG of the conditions of the conditio	DUE TO DU	(OR AS A CI (OR AS A CI (OR AS A CI death but	ONSEQUENCE CONSEQU	OTHER 4 Num	26. PL	ACE OF DI	given in	Part I.	24a. WAS AN PERFO 1 YES :	AUTOPSY RMED?	24b	Approximata Interval Batwonset and D
MMEDIATE CAUSE (Finificates or condition esuiting in death) Sequentially list condition and in the sequentially list condition and in the sequentially list condition and in the sequential sequentia	Dons, lists NG of the conditions of the conditio	DUE TO DUE TO	(OR AS A CI (OR AS A CI (OR AS A CI death but ER/Outpette INJURY y, 'bar) F INJURY — intc. (Specify)	ONSEQUENCE O	OFF: OTHER OTHER JURY M street, factor	derlying 26. PL ing Horm 28c. INJi WO 1	ACE OF DI	given in	Part I.	24a. WAS AN PERFO 1 YES: OCATION (Street Phy or Town, State)	AUTOPSY RMED?	24b	Approximata Interval Batwonset and D
MMEDIATE CAUSE (Finificates or condition esuiting in death) Sequentially list condition and in the condition of the conditio	ons, lists NG lists N	DUE TO DU	(OR AS A CI (OR AS A CI (OR AS A CI (OR AS A CI death but ER/Outpettel INJURY y, 'bar') F INJURY mtc. (Specify)	ONSEQUENCE O	OTHER OTHER OTHER OTHER OTHER OTHER OTHER OF JURY M	derlying 26. PL 1: Ing Horm 28c. INJI WO'ry, office	ACE OF DI	given in EATH (Che aidence	Part I.	24a. WAS AN PERFO 1 YES: OCATION (Street lity or lown, State, cause(a) and ma	AUTOPSY RMED?	24b CURED or Rural I	Approximate Interval Baty Onset and D Onse
MMEDIATE CAUSE (Finification of the condition of the cond	ons, lists and be a sermined by MEDICAL CAL EXAMINER	DUE TO DUE TO DUE TO DUE TO CAN DUE TO DUE TO DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO DUE TO CAN TO TO The best of axion the best of ax	(OR AS A CI (OR AS A CI (OR AS A CI (OR AS A CI death but ER/Outpettel INJURY y, 'bar) F INJURY mtc. (Specify)	ONSEQUENCE O	OTHER OTHER OTHER OTHER OTHER OTHER OTHER OF JURY M	derlying 26. PL 1: Ing Horm 28c. INJI WO'ry, office	ACE OF DI ACE OF DI STATE ACE OF DI ACE	given in EATH (Che aidence) NO and dua ed at the	Part I. Part I. 281. L to the	24a. WAS AN PERFO 1 YES: OCATION (Street lity or lown, State, cause(a) and ma	AUTOPSY RMED?	24b CURED or Rural I	Approximate Interval Batwonses and D. Onset
MMEDIATE CAUSE (Finificates or condition esuiting in death) Sequentially list condition and in the condition of the conditio	ons, lists and be a sermined by MEDICAL CAL EXAMINER	DUE TO DUE TO DUE TO DUE TO CAN DUE TO DUE TO DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO DUE TO CAN TO TO The best of axion the best of ax	(OR AS A CI (OR AS A CI (OR AS A CI (OR AS A CI death but ER/Outpettel INJURY y, 'bar) F INJURY mtc. (Specify)	ONSEQUENCE O	OTHER OTHER OTHER OTHER OTHER OTHER OTHER OF JURY M	derlying 26. PL 1: Ing Horm 28c. INJI WO'ry, office	ACE OF DI ACE OF DI STATE ACE OF DI ACE	given in EATH (Che aidence	Part I. Part I. 281. L to the	24a. WAS AN PERFO 1 YES: OCATION (Street lity or lown, State, cause(a) and ma	I AUTOPSY RMED? AND INJURY OCCURRED AND INJUR	24b CURED or Rural I	Approximata Interval Batwonset and D. Solution of Cause Prior to Completion of Cause of Death?
MMEDIATE CAUSE (Finification of the condition of the cond	DONS, Illata NG To the conditions MEDICAL Pending restigation Could not be attermined FYING PHYSIC CAL EXAMINER OF CERTIFIER	DUE TO DU	(OR AS A CO (OR AS	ONSEQUENCE CONSEQU	OTHER JURY M street, factor on, in my of	derlying 26. PL 1: Ing Horm 28c. INJI WO'ry, office	ACE OF DI ACE OF DI STATE ACE OF DI ACE	given in EATH (Che aidence) NO and dua ed at the	Part I. Part I. 281. L to the	24a. WAS AN PERFO 1 YES: OCATION (Street lity or lown, State, cause(a) and ma	I AUTOPSY RMED? AND INJURY OCCURRED AND INJUR	24b CURED or Rural I	Approximate interval Batwonses and D. D. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	permit. Pages		
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
al or attendin	for use as th		
by the hospi	be detached		at once.
ay be retained	page 5 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
. Page 6 m	iral director,		niner must
rs after death	n by the fune	removal.	dical exam
vithin 24 hou	oletely filled i	remation, or	ent, the me
be executed y	ian and com	or to burial, c	aumatic evi
h certificate	ending physic	Hygiene pric	or other tr
that the deal	ed by the att	th and Menta	amy Injury,
law requires	as been sign	Dept. of Heat	23 shows
YSICIAN: The	s certificate h	th the State I	d, or item
TENDING PH	DR: After this	fter death wi	8 is marke
PITAL OR AT	ERAL DIRECT	he man within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T: If Item 2
THE HOS	TO THE FUN	ha ned with	IMPORTAN
1	9		1

1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF		OF HEALTH AND OF DEATH	MENTAL HYGIEN				
R. Virginia Sh	eets				2. DATE OF GEATH MONTH 10 2	7 9 ¹	EAR	ME OF OEATH 8:50 amm	
4. SOCIAL SECURITY NUMBER 220-74-8812	5. SEX 6	AGE (In yrs. last birthday)		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/12/05	8.	BIRTHPLACE Country) Virg:	(State or Foreign	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, T	OWN OR LOCATION OF		9c. COUNTY		11114	
Montgomery Gene	ral Hospit	a1	01	ney	gomery				
Maryland Mon	tgomery	10c. Cl	Damas			1			
10e. STREET AND NUMBER		100		10f. ZIP CODE		10g. CITIZEN	CITIZEN OF WHAT COUNTRY?		
9704 Beall Aven	_			20872		US			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1	YES 2 NO	0.3	AS DECENDENT OF HISP. yes, specify Cuben, Mexi- YES 2 KNO Spec		a or No— 14.	Bleck, White	nericen Indien, le, etc. Thite	
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	16a. DECEDENT' (Give kind of life. Do NOT	work done du	CUPATION ring most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
7	O O	Но	memak	er	Hoi	ne			
17. FATHER'S NAME (First, Middle, Lest) Joseph Henry Wh	itehead				iame (First, Middle, Maide ie French	n Surneme)			
190. INFORMANT'S NAME (Type/Print) Marvin Sheets					al Route Number, City or To			20074	
20a. METHOD OF DISPOSITION		20b. PLACE AND DA			d, Clarksbu			_	
1 M Buriel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	emoval from State	Laytonsv	ille	Cemetery	10/30 La				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE - E	Barker	Mı		arber Funer 038 Layton			20882	
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEQUENCE OF AS A CONSEQUENCE		melle	itus	1200	20	20 Krs	
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (C	OR AS A CONSEQUENCE	OF):						
PART II. Other significant condit		eath but not resulting	in the und	erlying ceuse given	n Part i. 24a. WAS A PERFC	N AUTOPSY ORMED?	COM DF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	28. PLACE OF DEATH (-			
27. MANNER OF DEATH 1 Natural 8 Pending	28e. DATE OF II (Month, Day	NJURY 28b. Ti	1	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED		
2 Accident Investigation 3 Suicide 6 Could not a determined	28e. PLACE OF building, e	INJURY — Al home, farm tc. (Specify)	, street, facto	ry, office	281. LOCATION (Stree City or Town, Stat	t and Number or	Rural Route	Number,	
cool ciny	YSICIAN: To the best of m							manner ee stated.	
296. SIGNATURE AND TITLE OF CERTS	#/30	Lognose	MI	29c. LICENSE N	0 3 4	29d. DATE S	IGNED (Mon	19. Day, Yearly 28/9/	
30. NAME AND ADDRESS OF PERSON	O MERY	VILLA OF	oe, Print)	e D-11	baiThe.	45 bu	ra.l	20879	
31. DATE FILED (Moret, Day, Year)	32. REGISTRAR	s signature		., .	-	-			



TO THE HOSPITAL OR TRUBUS OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR TRUBUS OF THE FUNERAL DIRECTION OF THE FUNERAL DIRECTION OF THE FUNERAL DIRECTION OF THE FUNERAL DIRECTION OF THE STATE DEPT. OF Health and Mental Hygere prior to burial, cremate the formal of the first production o
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91-6315-510 1 - STATE REGISTRAR	STATE OF I	MARYLAND (/ DEPAI	RTMENT	OF H	EALTH DEA	AND	MENT	TAL HYGIEN		2	9469
1. DECEOENT'S NAME (First, Middle, Last) Kevin	М.		c	mith						AY 1	YEAR 991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.					R 24 HRS.	7. DA	ID:58 P			
213-66-3192	1 🔀 M 2 🗆 F	29	YRS.			HOURS	MIN.	8	onth, Day, Year)	62		ÿland
9e. FACILITY NAME (If not institution, give s						OR LOCATI	ION OF D	EATH		9c. COL	INTY OF O	EATH
Cherry Hill Roa	ad & Jos	eph Av	enue	Bal	tim	ore				L.,		
Cherry Hill Ros	Y		10c. CI	TY, TOWN (R LOCAT	ION						10d. INSIDE CITY
			E	Balt:	imo	ce						1 YES 2 NO
100 Shellbank	s Road					2122	_				JSA	WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. YES ANAR OR DATES	ARMED		it yes, sp	ENDENT Cube	nn, Mexico	m, Puer	GIN? (Specify Ye to Ricen, atc.)	e or No-	14. RACI Black Spec	E American Indian, k, White, etc.
15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	18e,	DECEDENT'S				200	1	66, KIND OF BU	SINESS/IN	DUSTRY	
15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12 Years 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	+)	Me. Do NOT U	ise retired.)	ourny mo	St OF WORK	ny					
17. FATHER'S NAME (First, Middle, Last)				-		18. MOT	HER'S NA	ME (Firs	I, Middle, Meiden	Surname)		
Edward Smith						An	neli	a	Reede	r		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORES	(Street a	nd Numbe	r or Rural	Route N	imber, City or Tox	m, State, Zi	p Code)	21225
Amelia Reeder			1100	She	11k	ank	SR	oad	. Bal	timo	ro.	Marvland
20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Ram	oval from State		E AND DATE		ITION (Na	me of	10/	/30	751 20c. LC	CATION —	City or To	rwn, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	FNSEE		g Men	nori					Ran	dal	LSTO	wn, Ma
	Farre	ò				man-			s F/H			Culloh Sore, Md 2
disease or condition resulting in death) a. Gunshot Wound of Back Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🖾 YES 2 □ NO 27. MANNER OF DEATH	a contributing to	death but no	t resulting	In the un	derlying	j cause	given in	Part I.	PERFO	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	ack only	one)			
1 ☒ YES 2 ☐ NO 27. MANNER OF DEATH	1 Inpatient 2		7	4 🗆 Nun	ing Nom		ssidence		her (Specify) C			t
	28a, OATE OF (Month, D	ay, Year)		JURY		URY AT RK? 'ES 2	X NO	28d. D	ESCRIBE NOW	NJURY OC	CUREO	
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY - At		55P			3 110	281, L	bject CATION (Street	and Numbe		Route Number,
3 Suicide 4 Nomicide 8 Could not be determined 29a. CERTIFER (Check only one) 29b. CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 28c. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 29c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) Cherry Hill & Jose Cherry Hill & Jose MEDICAL EXAMINER: On the basic of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and												
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CtAN: To the best of	my knowledge,						to the	:zuse(s) and ma	nner as sta	ted.	
29b. SIGNATURE AND TITLE OF CERTIFIEF		, ,					ENSE NUI					(Month, Day, Year)
Lame	_ ~ ~	inte.	-			0.C	м. г			▶ 10		1991
30. NAME AND ADDRESS OF PERSON WH		1	11 Pe						imore			d 21201
31. DATE FILEO (Month, Day, Ybar) OCT (3 0 1991	Sure De	H'S SIGNATURE	indell									

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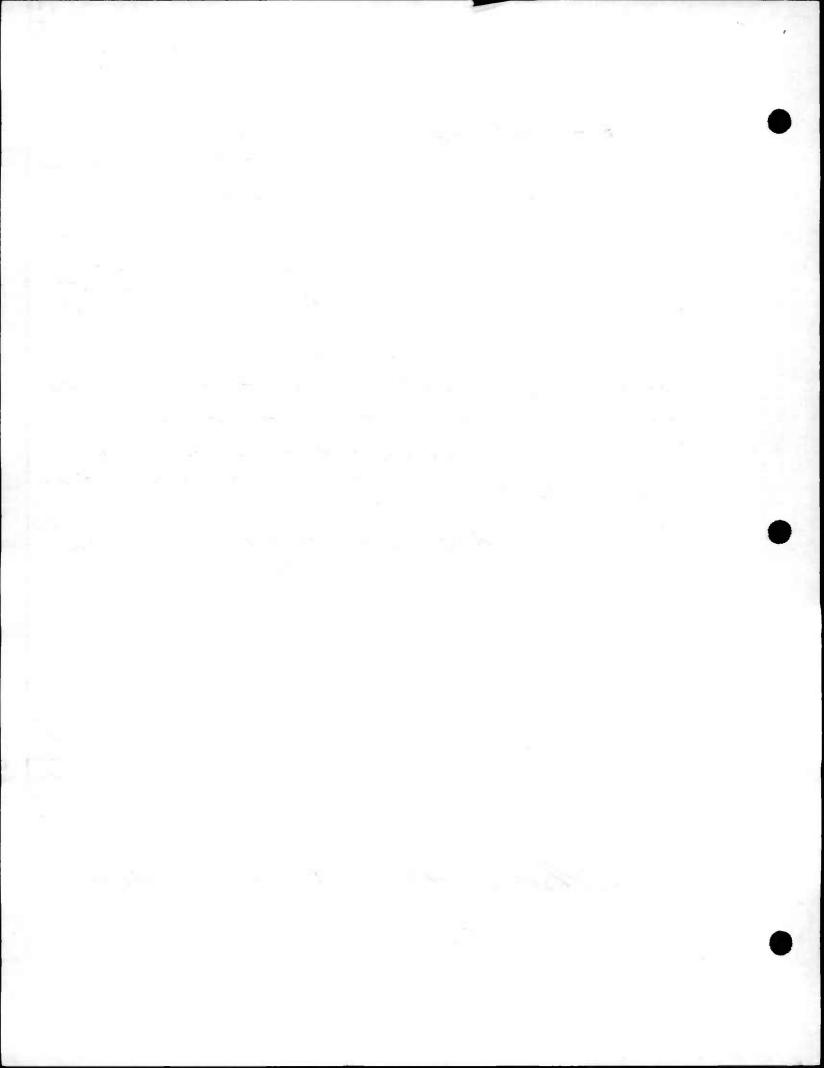
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TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, L	nna L. S	pr158		2. DATE OF DEATH MONTH OCT. 28	5, 199,	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-09-3/58	5. SEX 6. AGE (In 47s. 73	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1918	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, g	05P.	Bi	ALTIMO	RE CIT	9c. COUNTY	OF DEATH
MARKAND 10b. CO	BALTO. CO.	10c. CITY, TOWN OR	I MORES	-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
8903 WAL	THAM WOOL		2/2	34	4.	S, A,
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 21 IF YES, GIVE WAR OR DATES	THO II	AS DECENDENT OF HISPA yea, specify Cuban, Mexico YES 2 7 NO Specif	en, Puerto Ricen, etc.)	Yea or No—	RACE — American Indian, Sleek, White, etc. Specify:
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION 16a. College (1-4 or 5 +)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	EUPATION ring most of working	16b. KIND OF I	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last	T ECK	FOTTE IN	18. MOTHER'S NA	AME (First, Middle, Meid	on Surneme)	THEMPN
19a. INFORMANT'S NAME (Type/Print)	PECORDS	19b. MAILING ADDRESS	Street end Number or Rural	Poute Number, City or 1	Sown, State, Zip Co	odel -
20e. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		CE AND DATE OF DISPOSANT DEMANDS OF OTHER PIRE		DATE 20c.	LOCATION - CIT	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE My 4. 9		AME AND ADDRESS OF FA	FUNE	MAL	CHAPEL
23. PART Enter the disease, shock, or heert felle immediate CAUSE (Finel disease or condition resulting in death)	o complications that caused the up. List only one cause on sech is a. DUE TO (OR AS A CON	Cardi	e mode of dying, such		spiratory arres	t, Approximata interval Between Onset and Deat
Sequantielly list conditions, if any, laeding to immediata cause. Enter UNDERLYING	b. Selve Due to (or as a con	e cono	y tries	7 disea	2	
CAUSE (Disease or injury that initieted events resulting in death) LAST	cDUE TO (OR AS A CON	SEOUENCE OF):				
PART II. Other significant cond	itions contributing to death but ne	ot resulting in the und	erlying couse given in	PERF	AN AUTOPSY FORMED? 2 \(\square\) NO	24b. WERE AUTOPSY FINDINGS AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Unpatient 2 ER/Outpatien	OTHER:				
27. MANNER OF DEATH	28a. DATE OF INJURY		ng Home 5 🗌 Residence 8c. INJURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigat		M	WORK?			
3 Suicide 6 Could no 4 Homicide determine		t home, farm, street, facto	y, office	281. LOCATION (Streetly or Town, Streetly or Tow	et end Number or ste)	Rural Floute Number,
one)	HYSICIAN: To the best of my knowledge MINER: On the basic of examination and					
29b. SIGNATURE AND TITLE OF CER	FIER /	100	29c. LICENSE NU	c		SIGNED (Month, Day, Year)
	Kenn 7		0169	41	10	122/91
	WHO COMPLETED CAUSE OF DEATH					
OCT 3 0 1991	Julia Davidson-Randel	2				

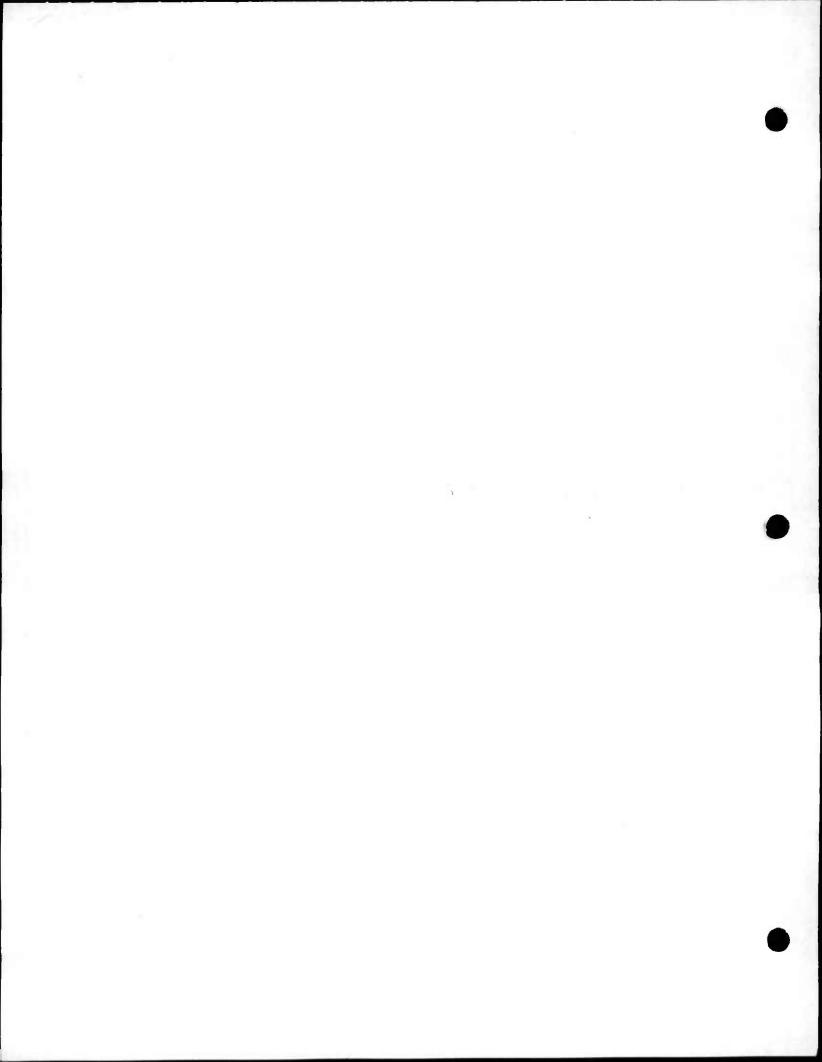




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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal,	TO THE FUNERAY DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within-72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospi	TO THE RIGSPLTALS DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospit
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

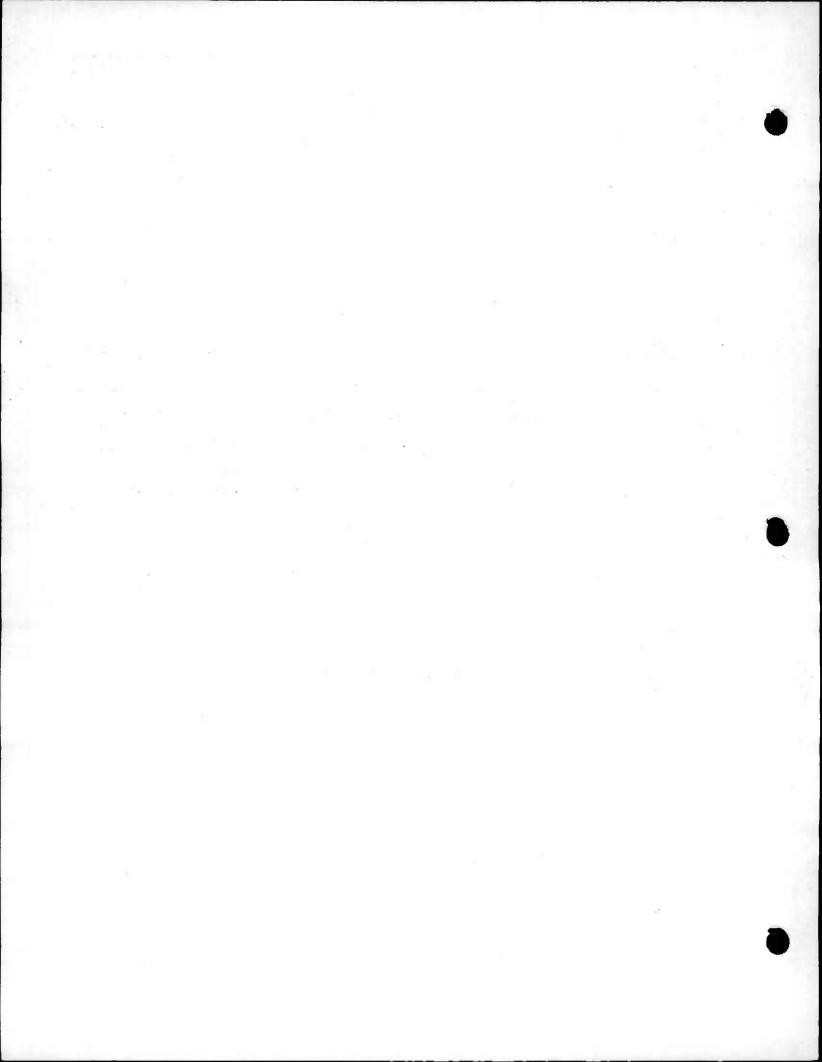
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH A	AND MENTAL HYGIEN H REG. NO.		7 1 1					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
		hroeter Sr.		Oct. 25.1		4:30am M					
		SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24			PLACE (State or Foreign					
	212-30 - 8172 1 9a. FACILITY NAME (If not Inatitution, give street	☑ M 2 □ F 58 YRS.		May 1, 19		ryland					
Œ			9b. CITY, TOWN OR LOCA.		9c. COUNTY OF D						
25	6719 Univers	ty Drive	Midal	e River	BAlt	шоге					
RE	10a. STATE 10b. COUNTY	1	TOWN OR LOCATION			10d. INSIDE CITY					
0		ltimore	Middle Rive	er		LIMITS?					
RAL	10e. STREET AND NUMBER	D	101, ZIP CODE	1000	10g. CITIZEN OF V						
FUNERAL DIRECTOR	6719 University			1229	US	4					
	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO	If yea, specify Cuban, I	HISPANIC ORIOIN? (Specify Yea Maxican, Puerto Rican, etc.)	or No- 14. RACE Black	— American Indian, , White, atc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TES 2 THO	Specify:	Speci	White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		ISUAL OCCUPATION	16b. KIND OF BUS		WILCE					
	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+) life. Do NOT use									
MP	12th	PArt	S	GM							
	17. FATHER'S NAME (First, Middle, Last) John George Sch	roeter		R'S NAME (First, Middle, Malden	Sumame)						
BE	19a. INFORMANT'S NAME (Type/Print)			nna Berake							
2	Marie Schroeter	6719	ADDRESS (Street and Number or Iniversity Di	Rural Route Number, City or Town	o, State, Zip Code)	220					
	20a. METHOD OF DISPOSITION	20h BLACE AND DATE OF									
	M☐ Burlel 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donetion 5 ☐ Other (Specify)	from State cemelery cremetory on our	1 Cemetery 10		ATION — City or To						
	4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cempelery Coemetory 10/28/91 BAltimore Md.										
	Connelly Fundal Hour Connelly Funeral Home 300MAce Ave. 21221										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of drive										
	IMMEDIATE CAUSE (Finel										
CERTIFICATION	disease or condition resulting in death) a. Squamow Cell Carcinoma of Left DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other algnificant conditions co	ntributing to deeth but not resulting in	the underlying ceuse give	on in Pert I. 24e. WAS AN A	WTOPSY 24b.	WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDIC	Emphy semb.	Ceneral	selility	PERFORM 1 YES 2	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)							
YSi	1 □ YES 2 0K NO 1 □		OTHER: Nursing Home 5 # Reside	ence 8 Other (Specify)							
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY	26d. DESCRIBE HOW IN	DW INJURY OCCURED							
B≺	1 Netural 5 Pending 2 Accident Investigation		0								
	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, term, atreat, factory, offica City or Town, State) 26b. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	20- CERTIFIED										
MP	(Check only 1 DE CERTIFYING PHYSICIAN:	To the beat of my knowledge, death occurred	at the time, date and place, and	d due to the cause(e) and mann	er ee stated.						
ខ្ល		the basis of examination and/or investigation,	in my opinion, death occured a	at the lime, data and place, and	dua to the cause(a)	and menner ea stated.					
B	296. SIGNATURE AND TITLE OF CERTIFIER	Pla Min	29c. LICENSE	E NUMBER	29d. DATE SIGNED	Month, Day, Year)					
စ္	30. NAME AND ACCRESS OF BEDROOM HITTO	nu /17,	D11	4181	10/2	.5781					
	ASHWIN I. M	EHTA M'D. 157	6 MERRIT	TBLVD E	Belli.	2/42-					
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE									
	OCT 3 0 1991 A	he Davidson-Randell									



1 - FOR STATE REGISTRAR

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P.O. BOX	Santa ha
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RECORDS,	hand the same of a second former of the same of the
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SION	the state of the state of

	1. DECEDENT'S NAME (First, Middle, Last)	SCHAEFER					2. DATE OF OEATH DAY YEAR			YEAR 3.	3. TIME OF DEATH 45/PM		
	4. SOCIAL SECURITY NUMBER 215-01-7036	8. AGE (In yrs. I	yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN					lay, Year) Coun		Mary			
TOR	9a. FACILITY NAME (If not institution, give MERIDIAN - MULTER RESIDENCE OF DECEDENT	Street and number)	14		-		OR LOCATI	ION OF O	EATH		1	AUTI/	YORE
DIRECTOR	10a. STATE 10b. COUNT	AUTIMORE	5	-	Y, TOWN OF		TION					1	d. INSIDE CITY LIMITS?
FUNERAL	205 E. JOPP					101	218	204				EN OF WHA	AT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 P IF YES, GIVE WAS WW II	EVER IN U.S. / YES 2 C R OR DATES	ARMED NO	112	yes, sp		en, Mexico	NIC ORIGIN? (an, Puerto Ric fy:		or No— 1	I4. RACE — Black, V Specify:	American Indian Vhita, atc. WHITE
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	uCATION le completed) College (1-4 or 5 +)	1	DECEDENT'S (Give kind of life. Do NOT us	work done di se retired.)			ing		IND OF BUSI		Plum	oing and
E COMPL	12 Vrs 17. FATHER'S NAME (First, Middle, Last)	Fore	P	resid	ent			THER'S NA	AME (First, Mid		Gurname)	mann	ing Sup
TO BE	Henry R. Schae: 190. INFORMANT'S NAME (Type/Print) Russell G. Schae:						and Numbe	or or Rural	Route Number, 203		State, Zip C	Code)	204
	20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	moval from State	other	E OF DISPO				matory or	10-26		ATION — CI kvill		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Parkwood Cemetery 10-26 Parkv111e, Md. 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc, 1050 York Rd. Towson, Md. 21204												
CERTIFICATION	disease or condition resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									341			
MEDICAL	PART II. Other significant condition URINA	death but no			-	-		sun	4e. WAS AN APERFORI	MED?	0	ERE AUTOPSY FIN MALABLE PRIOR TO OMPLETION OF CU F DEATH?	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2000	ER/Outpatient	26. PLACE OF DEATH OTHER: Ient 3 □ DOA 4 © Nursing Home 6 □ Residen										
ВУ РНУ	27. MANNER OF DEATH 1 Solution 5 Pending Pending	NJURY y, Year)	26b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO										
ETED	3 Suicide 4 Homicide 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26b. LOCATION (Street and Number or Rura City or Town, State)										ite Number,		
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and due to the cause(b) and												
TO BE	29b, SIGNATURE AND TITLE CENTIFICATION OF PERSON W	FAH	E OF DEATH (I	TEM 27) (Type	, Print)			2 ZC	390		Þ /	O Z	forth, Day, Year)
	Charles Hoesch I				Suite	20)3						
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	t'S SIGNATURE	Devid									



TO THE UNCOTTAL OR ATTENDING DUVICION. The Jour consistent that they the death consistent he accounted within the
THE TOTAL DESTRUCTION AND AN EXPRESSION OF THE PROPERTY OF THE
O THE LOWERS IN CHIRICAGE IN SOME STATE THE BEACH OF THE STATE STATE STATE THE STATE
De filed Within 72 hours affer death with the State Dept. of Peatin and Mental Hydrene prior to bunal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARY	LAND / DEPAR	TMENT OF HEALTH AN	D MENTAL HYGI	9 2 ENE	9473			
1. DECEDENT'S NAME (First, Middle, Le	Thom	TINSON,	JR.)	2. DATE OF DEATH MONTH	DAY	year 91 04 25A			
4. SOCIAL SECURITY NUMBER 219 -32-0958 90. FACILITY NAME (If not institution, gi	1 XM 2 🗆 F	(In yrs. last birthday) YRS.	MONTHS DAYS HOURS MH	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTH					
ghurch Hosp	ital Corpor	ation	9b. CITY, TOWN OR LOCATION O Baltimor		eg. count	TY OF DEATH			
	NTY		Y, TOWN OR LOCATION ALTIMORE			10d. INSIDE CITY VLIMITS? 1 X YES 2 NO			
1957 N. COLLIN	GTON AVENUE		101. ZIP CODE 21213			EN OF WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 XNO Sc	SPANIC ORIGIN? (Specify xicsn, Puerto Ricen, atc.) secify:	Yes or No— 1	4. RACE — American Indien, Black, White, etc. Specify: USA			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 10th 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5+)	16s. DECEDENT'S (Give kind of v iife. Do NOT us STOCK			BUSINESS/INDU ARE FAI	STRY			
PAUL G. I	INSON, SR.		18. MOTHER'S	NAME (First, Middle, Maid N HARR]	den Surname)				
P 190. INFORMANT'S NAME (Type/Print) MERTINE SHELT	ON	19b. MAILING 1957	ADDRESS (Street and Number of Ru N. COLLINGTON A	rel Route Number, City or AVE. BALTIN	Town, State, Zip C	D 21213			
20s. METHOD OF DISPOSITION 1 Surfal 2 Cremeflon 3 R 4 Donstion 5 Other (Specify)	emoval from State		PFDISPOSITION (Name of TAR" CEMETERY						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		MARCH FUNERA	FACILITY					
23. PART i. Enter the diseases, one occition in the disease or condition resulting in death) Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	e. End S DUE TO (OR AS DUE TO (OR AS	eech line.	nny Can		spiratory erred	et, Approximete interval Betweer Onset end Deetl			
PART II. Other significant conditions of the con	ons contributing to death	but not resulting l	n the underlying ceuse given	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KNO	HOSPITAL:		26. PLACE OF DEATH OTHER:						
rendered 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WORK?		8 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined M 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)									
3 Suicide 6 Could not t determined 29s. CERTIFIER (Check only 1 Onne) 2 MEDICAL EXAMI	/SICIAN: To the beaf of my know	viedgs, death occurre	d at the time, data and place, and o	dus to the ceuse(s) end r	nanner es stated	Couse(s) and manner or stated.			
Section all	-attar	, Mo	29c. LICENSE I	NUMBER	29d. DATE S	SIGNED (Month, Day, Year)			
Sabah Al.	- Attay,	MD 1	Church Ho.	spital,	Bult	12719/ imore, MD			
OCT 3 0 1991	Julia Daydson-1								



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THE WORLD IN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PASSIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: Precitificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	IEALTH AND DEATH	MENTAL HYGIEI	NE	27474				
	1. DECEDENT'S NAME (First, Middle, Last)			,		2. DATE OF DEATN		3. TIME OF DEATN				
	WALTER	W STUDE				10 2		1:53PM				
	4. SOCIAL SECURITY NUMBER 213-03-6760	5. SEX 6. AGE ((in yrs. lest birthday) 7 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	7. DATE OF BIRTN (Month, Day, Year) 8. BIRT Cour					
	9e. FACILITY NAME (If not institution, give a		11	9h CITY TOWN	OR LOCATION OF C	12/03/		ntario,Canada				
DIRECTOR	SC. COUNTY OF DEATH											
	MARYLAND	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
FERAL	1 M YES 100. STREET AND NUMBER 725 ST. JOHNS ROAD BALTIMORE 101. ZIP CODE 102. CITIZEN OF WHAT COUNTY 21210 USA											
BY FUN	11. MARITAL STATUS 1 Nover Merried 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? TO YES IF YES, GIVE WAR OR DA	VU.S. ARMED 2 NO ATES WW I	If yes, sp	ENDENT OF NISPA	ANIC ORIGIN? (Specify Veran, Puerto Ricen, etc.)	14 or No.—	RACE — American Indian, Black, White, etc. Specify: White				
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo	ON st of working	18b. KIND OF BU	JSINESS/INDUS	TRY				
COMPL	12		Contr	act Nego	tiator	U.	S.Navy					
BE CO	17. FATNER'S NAME (First, Middle, Last)	Albrecht S			16. MOTHER'S N	AME (First, Middle, Meidel a Holljes						
TO E	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		de)				
	Shirley M. St					alto.Md. 2	1210					
E E E E	20e. METHOD OF DISPOSITION XXBurlel 2 Cremetten 3 Removal from State 4 Donalton 5 Dottyff (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other piece) Loudon Park Cemetery 10/28/91 Baltimore											
TO BE COM	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Balto.Md. 21212											
AL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. CARDIAC ARREST											
N N	Sequentially list conditions b. ? MYOCARDIAL INFARCT SEVERAL											
RTIFICATION	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
		d										
- 13	PART II. Other eignificent condition	s contributing to deeth be	ut not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SICIAN: MEDIC								1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch		/					
H	27. MANNER OF DEATN	1 - Inpetient 2 - ER/Outpe				8 (Lother (Specify)		WURTH				
ВУ РНУ	1 Naturel 5 Pending (Month, Day, Year) INJURY WORK? 26d. DESCRIBE HOW INJURY OCCURED											
2 0	2 Accident Investigation 3 Suicide 6 Could not be determined City or Town, Steel Section, office Suicide City or Town, Steel											
PLE	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred	at the time, date	end place, and due	to the cause(e) end me	oner en steted					
O BE COMPLETE	one) 2 MEDICAL EXAMINE	R: On the besie of examination	end/or investigation	, in my opinion, d	ath occured at the	time, date end piece, er	nd due to the ce	ouse(e) end menner es stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MP			29c. LICENSE NUI		29d. OATE SI	GNEO Month, Day Year)				
6	30, NAME AND ADDRESS OF PERSON WHO	ym.			V10	678		0/25/9,				
	Dr. Daniel G.Sap:	4 1	oth (ITEM 27) (Type, I									
	31. DATE FILED (Morith, Day, Year) OCT 3 0 1991	32. REGISTRAR'S SIGNA	Panda 00	oriu e								
	100 100 1001		- Indeed									

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

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1314	executed
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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	1. DECEDENT'S NAME (First, Middle, Last							DAY YEAR	3. TIME OF OEATH
- 1	Regina NMN 4. SOCIAL SECURITY NUMBER	Tomczew I s. sex		last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	215-22-7099	1 🗆 M 2 🖵 F	83	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	ntry)
	9a. FACILITY NAME (If not institution, give	37	0.3		9b. CITY, TOWN O	R LOCATION OF DI		1908 PO	
	9416 Dawnvale	Rd.			Parkv	ille, N	Md.	Balti	more
DIRECTOR	10e. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Balt	imore		Par	ckville				1 TYES 2 TONO
	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	Dawnvale Rd.					1236		USA	
DI FUNELAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes, sp		NIC ORIGIN? (Specify V en, Puerto Ricen, etc.) fy:	Bla	CE - American Indian, ack, White, etc. Pocify: White
3	15. DECEDENT'S EC		164	. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF B	USINESS/INDUSTRY	
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	work done during mo se retired.)	at of working			
	2			omemak	cer		Dome	stic	
COUNT CE	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maide		
	Martin NMN	Hepner						Kramale	ska
	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or R		
	Regina Griff	in		9416	Dawnva	le Rd.	Parkvil	le, Md.	21236
1	20e. METHOD OF DISPOSITION 1-1 Burlel 2 Cremation 3 Re	emoval from State	20b. PL	ACE OF DISPOS or place)	SITION (Name of cer	netery, crematory or	20c. I	OCATION — City or	Town, State
I	4 Donation 6 Other (Specify)		-	Но	oly Ros	ary		ltimore	Maryland
	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	or complications the	t caused the	deeth. Do i	1005	Dundal	i-Chojna k Ave. B ch se cardisc or res	alto	
2	resulting in death) Sequentielly list conditions,	- Tu	(OR AS A CO		whish	Me	lestrum		22017 91
NILLICALION.	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a al	and	NSEQUENCE O	inon	. 8	Rung		30 July 91
			417		MERGY	•			
	PART II. Other significant conditi	lone contributing to	death but r	not resulting	In the underlyin	g cause given in		AN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL	PART II. Other significant condition	ions contributing to	death but r	not resulting	in the underlyin	g cause given in	PERF		
. MEDICAL	PART II. Other significant conditions to the condition of		death but r	not resulting			PERF 1 VES	ORMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
. MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. P	LACE OF DEATH (C	PERF 1 YES	ORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
THISICIAN. MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	HOSPITAL: 1 Inpatient 2 26e. DATE Of (Month, I	□ ER/Outpatie	nt 3 🗆 DOA	28. PI OTHER: 4 Nursing Hon We OF 28c. IN. JURY W	LACE OF DEATH (C	PERF 1 VES	ORMED? 2 ₩NO	MAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 VES 2 NAC
TED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 26e. DATE Of (Month, I) 26e. PLACE (building)	□ ER/Outpetle F INJURY Day, Year)	nt 3 DOA	28. PI OTHER: 4 Nursing Hon We OF 28c. IN. JURY W	LACE OF BEATH (C	PERF 1 YES heck only one) 6 Other (Specify) 28d, DESCRIBE HON	ORMED? 2 PRO W INJURY OCCURED et and Number or Run	AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
EU BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 [26e. DATE Of (Month, L) be 28e. PLACE (building)	ER/Outpetie F INJURY ay, Year) OF INJURY —, etc. (Specify) If my knowledge	nt 3 DOA 28b. TIM IN. At home, ferm,	28. PI OTHER: 4 Nursing Hon ME OF 28c. IN. JURY M 1 street, factory, office	LACE OF DEATH (C	PERF 1 YES theck only one) 6 Other (Specify) 28d, DESCRIBE HON City or Town, Ste	V INJURY OCCURED at and Number or Run	AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
DE COMPLETED DI PHILOSOPIN. MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not 1 determined 29a. CENTIFIE 1 CERTIFYING PH 2 MEDICAL EXAMINED CENTIFIE	HOSPITAL: 1 Inpatient 2 [26e, DATE Of (Month, L) be 28e, PLACE of building VISICIAN: To the best of the best	ER/Outpetie F INJURY Pey, Year) OF INJURY — , etc. (Specify) If my knowledge examination en	at home, ferm,	26. PI OTHER: 4 Nursing Hon ME OF JURY M 1 street, factory, office red at the time, date ion, in my opinion, of	LACE OF DEATH (C	PERF 1 YES theck only one) 6 Other (Specify) 28d, DESCRIBE HON 28f, LOCATION (Strength of Town, Site to the cause(e) end residue time, date end place,	V INJURY OCCURED et and Number or Run te) nenner ee stated, end due to the caus	ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
DE COMPLETED DI PRISICIAN. MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 26e. DATE Of beliefing VSICIAN: To the best of offer particular of the best of the be	ER/Outpatie FINJURY Pey, Year) OF INJURY — etc. (Specify) If my knowledgexemination en	29b. Tilk 29b. Tilk IN. At home, ferm, ie, death occur investigati	26. PI OTHER: 4 Nursing Hon ME OF JURY M 1 street, factory, office red at the time, date ion, in my opinion, of	LACE OF DEATH (Come 5 V Residence JURY AT TYES 2 NO THE PROPERTY NO THE PROPER	PERF 1 YES theck only one) 6 Other (Specify) 28d, DESCRIBE HON 28f, LOCATION (Strength of Town, Site to the cause(e) end residue time, date end place,	V INJURY OCCURED et and Number or Run te) nenner ee stated, end due to the caus	AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO al Route Number,
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 26e. DATE Of beliefing VSICIAN: To the best of offer particular of the best of the be	ER/Outpatie FINJURY Pey, Year) OF INJURY — etc. (Specify) If my knowledge examination en	29b. Tilk 29b. Tilk IN. At home, ferm, ie, death occur investigati	28. PI OTHER: 4 Nursing Hon ME OF 28c. IN. MUTHY WY 1 1 street, factory, office red at the time, date on, in my opinion, of	LACE OF DEATH (Come 5 V Residence JURY AT TYES 2 NO THE PROPERTY NO THE PROPER	PERF 1 YES theck only one) 6 Other (Specify) 28d, DESCRIBE HON 28f, LOCATION (Strength of Town, Site to the cause(e) end residue time, date end place,	V INJURY OCCURED et and Number or Run te) nenner ee stated, end due to the caus	AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO al Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

in be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Part THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune. To be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines.

1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF ICATE OF			YGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li	ISADORE		THOMAS		2. DATE OF MONTH	DAY	YEAR	9:13 a
4. SOCIAL SECURITY NUMBER 244-30-6541	1 □ M 2 ★ 6 4	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE DF (Month, De	ry, Year)	8. BIRTHPL Country)	ACE (State or Foreign Caroli)
9a. FACILITY NAME (If not institution, gi	YETTE STREE	Т	96. CITY, TOWN	MORE	EATH		TY OF DEAT	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU			Y, TOWN DR LOC				10	Id. INSIDE CITY
Maryland 100. STREET AND NUMBER			Baltimo	ore		10a CITIZ	×	LIMITS? YES 2 NO
1409 W. F	avette Stre	eet				USA		
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR DR	IN U.S. ARMED	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	an, Puarto Ricar	pecify Yea or No— n, atc.)	14. RACE — Black, V Specify:	American Indian, thite, atc. Black
15. DECEDENT'S (Specify only highest gi	EDUCATION rade completed) College (1-4 or 5+)	18a. OECEDENT'S (Give kind of life. Do NDT us	USUAL OCCUPAT work done during m se retired.)	IDN post of working	16b. KIN	ID OF BUSINESS/INDI	USTRY	DIACK
12th grade 17. FATHER'S NAME (First, Middle, Last)		Factor	cy Work		ME (First Midd	le, Maiden Surname)		
Walter Thom	ias			Thedo				
19a. INFORMANT'S NAME (Type/Print) Jean Good		19b. MAILING 2233	ADORESS (Street	and Number or Rund	Route Number, (City or Town, State, Zip		212
20a. METHDO OF DISPOSITION Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	lemoval from State COI	b. PLACE AND DATE: metery, crematory or o lestern	ther place)		LO/28/	20c. LOCATION — C	ity or Town.	Marylan State
21. SIGNATURE OF FUNERAL SERVICE	Harris	COUCLI	22. NAME A		WOLLI'I		McC	ulloh S
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in death) LAST	b DUE TO (OR AS A	A CONSEQUENCE OF	F):	KVIOVAS	ULAIS	DISEAS	E	
PART II. Other significant condit	_ d. lona contributing to death b	but not resulting	in the underlyin	ng cause given in		. WAS AN AUTOPSY PERFORMEO?	CO DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)			
1 X YES 2 ND 27. MANNER OF DEATH	1 □ Inpetient 2 □ ER/Out	petient 3 DOA 28b. TIM	4 - Nursing Hor	ne 5 XResidence				
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	ORK? YES 2 ND	28d. OESCRIE	BE HOW INJURY OCCU	JRED	
3 Suicide 8 Could not a determined		f — At home, farm, a	street, factory, offic	ca	281. LOCATION City or To	N (Street and Number own, State)	r Rural Route	Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my know	riedga, death occurre	n, in my opinion.	and place, and due	to the cause(s	and manner as state	d.	4
260. SIGNATURE AND TITLE OF CERTIF	A 1	7 ml	, , , , , , , , , , , , , , , , , , , ,	29c. LICENSE NUI	MBER	29d. DATE		inth, Day, Year)
MARIO F- GOLL	WHO COMPLETED CAUSE OF SE			EET BA	LTIMO	RE, MAR		
31. DATE FILED (Morth, Day, Year) OCT 3 0 1991	Suha Davidson-A	IATURE				•		

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	NSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	and the second

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE	91 2	9411			
	1. DECEDENT'S NAME (First, Middle, Lest) OCTAVIA	В.	W	ALLACE	2. DATE OF DEATH APPLY 2 BAY	1954	3. TIME OF DEATH 1003A			
	4. SOCIAL SECURITY NUMBER 217-20-0025	1 M 2 V F	YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-19-27	8. BIRT Coun	HPLACE (State or Foreign try) MD			
TOR	90. FACILITY NAME (If not institution, give of CHURCH HOS	SPITAL /Ch		BALTIMORE		9c. COUNTY OF	DEATN			
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY,	TIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 272 BALLOU COURT			101. ZIP CODE 21 231		10g. CITIZEN OF	WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WAR OF	ES 2 X NO	13. WAS DECENDENT OF NISP If yea, specify Cubert, Mexi 1 YES 2 NO Specific	cen, Puerto Rican, etc.)	Blac	E American Indian, ik, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 TH	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use i HOUSE	k done during most of working etired.)	16b. KIND OF BUSH		DEAGN			
BE CO	17. FATHER'S NAME (First, Middle, Last) JOHN BURRELL			EDENA						
5	19a. INFORMANT'S NAME (Type/Print) JOYCE MCELVEEN 20a. METHOD OF DISPOSITION		1009 T	FFANY COURT/B	ALTIMORE, MI	State, Zip Code) 21201				
	1 Burlel 2 Cremetion 3 Rem Donellon 5 Other (Specify)	oval from State	cemetery, cremetory or other KING MEMOR	placel	RAND	ALLSTOW	11.			
	ralom L.	Well	~	WM.C.MARCH F	.H./1101 E.		VENUE			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atheriscles	otic Card	iovascular	Disease		Approximets interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition Diwletes is Anima Fathy		n but not resulting in t	hs underlying causs given in	Part I. 24e. WAS AN AI PERFORM	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL XEXAMINER?	HOSPITALX X	utpetient 3 DOA	28. PLACE OF DEATH (C						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	□ Nursing Nome 5 □ Residence F 28c. INJURY AT WORK? M 1 □ YES Y NO	28d. DESCRIBE NOW INJ	VRY OCCURED	up from			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre- pecify) Home	et, factory, office	281. LOCATION (Street and City or Town, State) 272 Ga 110 u	Number or Rural I	Bultomer, Md			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of my kn R: On the beels of examina	owledge, death occurred a	t the lime, date end place, end du n my opinion, death occured at th	e time, date and place, and	or ee stated.	end menner ee steled.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		and)	29c. LICENSE NU O C	JMBER 2		(Month, Day, Year) 27 1991			
10	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri		ALTIMORE	IADVI AV	ID 21201			
	31. DATE FILED (Month, Day, Year) 0073 0 1991	32. REGISTRAR'S SIL	GNATURE	M SIREEL B	ALTIMORE, M	IAKILAN	<u> </u>			

TO THE RESENTE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO WE UNEFILE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Sgill DF DECEDENT 10b. COU	Ison 5. Sex 1 M 2 XF we street and number Ave. 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE EDUCATION rede completed College (1-4 or 6+) Son dler	8. AGE (In yrs. In 87	PRIMED NO	TOWS TOWN OR LO OWSON 13. WAS If year 1 □	AR IF UNDER WN OR LOCATION 101. ZIP CODE 2 1 2 DECENDENT Cubs YES 2 NO PATION IT WORKS PATION IT WORKS IF UNDER IF	24 HRS. 7. C MIN. 7. C ON OF DEATH E O 4 F HISPANIC O On, Mexican, Pu Specify:	ATE OF BIRTH Month, Day, Year, 3 / 6 / 1 ! RIGIN? (Specify arto Rican, etc.)	Pac COUNT Bal	YEAR 91 1 SIRTHPLAN SIRTHPLAN COUNTY) Balt Y OF DEATH timo 10d 1 [EN OF WHAT A 4. RACE — Helick, W Specify:	American Indian.
TY NUMBER - 0 3 2 5 E (If not Institution, git is gill SGILL DF DECEDENT 10b. COU B NUMBER hestnut US d 2 Merried t Divorced 15. DECEDENT'S to specify only highest girls condery (0-12) E (First, Middle, Last) H. Will S NAME (TyperPrint) Cia Ben DSPOSITION Cremetton 3 F	S. SEX 1 M 2 YF No atreet and number) JINTY altimore Ave., 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W EDUCATION reade completed) College (1-4 or 6 +) Son dler	87 F EVER IN U.S. AI YES 2 X AR OR DATES 16a. D (M) C	RMED NO PECEDENT'S Give kind of to. Do NOT to.	9b. CITY, TOV TOWS TY, TOWN OR LC OWSON 13. WAS If yet 1 S USUAL OCCUP work done during ise retired.)	PATION PORTION	24 HRS. Mith. 7. (MITH. ON OF DEATH E () 4 DF HISPANIC O In, Mexican, Pu Specify:	ATE OF BIRTH Month, Day, Year, 3 / 6 / 1 ! RIGIN? (Specify arto Rican, etc.)	90.4 9c. COUNT Bal 10g. CITIZE US Yea or No. 1	SIRTHPLACCURITY) Balty OF DEATH timo 10d 1 CEN OF WHAT A 4. RACE — M Specify:	CE (State or Foreign H M T I. INSIDE CITY LIMITS? YES 2 NO COUNTRY? American Indian, hita, etc.
TY NUMBER - 0 3 2 5 E (If not Institution, git is gill SGILL DF DECEDENT 10b. COU B NUMBER hestnut US d 2 Merried t Divorced 15. DECEDENT'S to specify only highest girls condery (0-12) E (First, Middle, Last) H. Will S NAME (TyperPrint) Cia Ben DSPOSITION Cremetton 3 F	S. SEX 1 M 2 YF No atreet and number) JINTY altimore Ave., 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W EDUCATION reade completed) College (1-4 or 6 +) Son dler	87 F EVER IN U.S. AI YES 2 X AR OR DATES 16a. D (M) C	RMED NO PECEDENT'S Give kind of to. Do NOT to.	9b. CITY, TOV TOWS TY, TOWN OR LC OWSON 13. WAS If yet 1 S USUAL OCCUP work done during ise retired.)	PATION PORTION	24 HRS. Mith. 7. (MITH. ON OF DEATH E () 4 DF HISPANIC O In, Mexican, Pu Specify:	ATE OF BIRTH Month, Day, Year, 3 / 6 / 1 ! RIGIN? (Specify arto Rican, etc.)	90.4 9c. COUNT Bal 10g. CITIZE US Yea or No. 1	SIRTHPLACCURITY) Balty OF DEATH timo 10d 1 CEN OF WHAT A 4. RACE — M Specify:	CE (State or Foreign H M T I. INSIDE CITY LIMITS? YES 2 NO COUNTRY? American Indian, hita, etc.
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Sgill DF DECEDENT 10b. COU B NUMBER 1c Stnut 1s Decedent's Epocity only highest grondery (0-12) E (First, Middle, Last) H. Will S NAME (Type/Print) Cia Ben DISPOSITION Cremetton 3 F	AVe., 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE COllege (1-4 or 6 +) Son dler	PYES 2 AR OR DATES	RMMED NO PECEDENT: Give kind of te. Do NOT	TOWS TOWN OR LO OWSON 13. WAS If year 1 □	On Deation 10f. ZIP CODE 212 DECEMBENT C. A. specify Cuba YES 2 MNO PATION g most of worldr	E 0 4 PF HISPANIC O In, Mexican, Pu Specify:	RIGIN? (Specify aerto Rican, etc.) 16b. KIND OF	Bal 10g. CITIZE US Yea or No- 1	10d 1 EN OF WHAT A 4. RACE — A Black, WY Specify:	J. INSIDE CITY LIMITS? YES 2 XNO COUNTRY? American Indian, hita, etc.
NUMBER DESTRUCT 10b. COU B NUMBER DESTRUCT IS DECEDENT'S IS Specify only highest green and the condeny (0-12) E (First, Middle, Last) H. Wil S NAME (TyperFrint) Cia Ben Disposition Cremetton 3 F	AVe., 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE EDUCATION rade completed) College (1-4 or 6+) SON	PYES 2 AR OR DATES	RMMED NO PECEDENT: Give kind of te. Do NOT	13. WAS 13. WAS 14. WAS 15. WAS 16. WAS 16. WAS 17. WAS 18. WAS 18. WAS 19. WA	DECENDENT C. pectry Cubs 2 1 2 DECENDENT C. pectry Cubs 2 Min Patron g most of worlds	0 4 DF HISPANIC O In, Mexican, Pu Specify:	arto Rican, etc.)	US Vea or No. 1	A Black, Wi Specify:	I. INSIDE CITY LIMITS? YES 2 XNO COUNTRY? American Indian, hita, etc.
NUMBER Nestnut US d 2 Merried d Divorced 15. DECEDENT'S to specify only highest greendary (0-12) E (First, Middle, Last) H. Wil B NAME (TyperPrint) Cia Ben Disposition Cremetion 3 F	AVe., 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE EDUCATION rade completed) College (1-4 or 6+) SON	PYES 2 AR OR DATES	RMMED NO PECEDENT: Give kind of te. Do NOT	13. WAS If yet 1 S USUAL OCCUP work done during isse retired.)	10f. ZIP CODE 212 DECENDENT C. 1, specify Cuba YES 2 ☐MO PATION g most of worldr	0 4 DF HISPANIC O In, Mexican, Pu Specify:	arto Rican, etc.)	Vea or No	A RACE — A Black, With Specify:	LIMITS? YES 2 XNO COUNTRY? American Indian, hita, etc.
NUMBER Destnut S Description S Description S Description S Description De	AVe., 12. WAS DECEDENT FORCES? 1. IF YES, GIVE WE EDUCATION rede completed) College (1-4 or 6+) SON	PYES 2 AR OR DATES	RMED NO DECEDENTS Give Idna of Give Idna of Leri	13. WAS If yes 1 □ S USUAL OCCUF work done during use retired.)	212 DECENDENT C., apocity Cuba YES 2 NO	0 4 DF HISPANIC O In, Mexican, Pu Specify:	arto Rican, etc.)	Vea or No	A 4. RACE — A Black, WI Specify:	YES 2 NO COUNTRY? American Indian, hita, etc.
nestnut US d 2 Merried 15. DeceDENT's 15. Epocily only highest grondery (0-12) E (First, Middle, Last) B NAME (Type/Frint) Cia Ben DISPOSITION Cremetton 3 F	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI EDUCATION reade completed) College (1-4 or 6 +) Son	PYES 2 AR OR DATES	ecepents Give kind of te. Do NOT leri	If yet 1	212 DECENDENT C., apocity Cuba YES 2 NO	0 4 DF HISPANIC O In, Mexican, Pu Specify:	arto Rican, etc.)	Vea or No	A. RACE — A. Black, Wi Specify:	American Indian, hita, etc.
d 2 Married d Divorced 15. DECEDENT'S 8 specify only highest gr condery (0-12) E (First, Middle, Last) H. Wil S NAME (Type/Print) Cia Ben Disposition Cremetion 3 F	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI EDUCATION reade completed) College (1-4 or 6 +) Son	PYES 2 AR OR DATES	ecepents Give kind of te. Do NOT leri	If yet 1	DECENDENT Co., specify Cuba YES 2 NO PATION To most of working	OF HISPANIC O in, Mexican, Pu Specify:	arto Rican, etc.)	Yea or No.— 1.	4. RACE — / Black, Wi Specify:	hita, etc.
d 2 Married d Divorced 15. DECEDENT'S 8 specify only highest gr condery (0-12) E (First, Middle, Last) H. Wil S NAME (Type/Print) Cia Ben Disposition Cremetion 3 F	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI EDUCATION reade completed) College (1-4 or 6 +) Son	PYES 2 AR OR DATES	ecepents Give kind of te. Do NOT leri	If yet 1	DECENDENT Co., specify Cuba YES 2 NO PATION To most of working	OF HISPANIC O in, Mexican, Pu Specify:	arto Rican, etc.)	Yea or No.— 1.	4. RACE — / Black, Wi Specify:	hita, etc.
15. DECEDENT'S 6: Specify only highest grondery (0-12) E (First, Middle, Last) H. Wil S NAME (TyperPrint) Cia Ben DISPOSITION Cremetton 3 F	FORCES? 1 IF YES, GIVE WE EDUCATION reade completed) College (1-4 or 6+) Son	PYES 2 AR OR DATES	ecepents Give kind of te. Do NOT leri	If yet 1	a, specify Cuba YES 2 MNO PATION p most of worldr	n, Mexican, Pu Specify:	arto Rican, etc.)	SUSINESS/INDU:	Black, Wi Specify:	hita, etc.
E (First, Middle, Last) H. Wil S NAME (Type/Print) Cia Ben DISPOSITION Cremetton 3 F	college (1-4 or 6+) .son .dler) C	leri	work done during use retired.)	g most of workir	יסי			STRY	
E (First, Middle, Last) H, Wil S NAME (Type/Print) Cia Ben DISPOSITION Cremetton 3 - F	college (14 or 6+) son dler	C	leri			פי	Tna			
H. Wil	son	11		.cal	I		Tna			
H. Wil	son	11					LIIS	urance	Co.	
S NAME (Type/Print) Cia Ben DISPOSITION Cremation 3 - F	dler				18. MOT	HER'S NAME (First, Middle, Mak			
S NAME (Type/Print) Cia Ben DISPOSITION Cremation 3 - F	dler				V	irain	ia Bo	tzler		
DISPOSITION Cremation 3 - F			96. MAILIN	G ADDRESS (Str				Town, State, Zip C	(ode)	<u>-</u>
DISPOSITION Cremation 3 - F			Pic	kersa	ill.	615 C	hestn	nt Ave	т	owson, M
- 4 mer (opposit) -	semoval from State		E AND DAT	E OF DISPOSIT y or other place,	ION (Name	015		LOCATION — CI		
	Dr complications that ure. List only one cause a. DEME	se Dn aach lin	ne.	not anter tha			-	Md 2		Approximeta interval Betwee Onset and Deat
at conditions, to immediate NDERLYING e or injury rents with) LAST	c	(OR AS A CONSE		•						
algnificant condi	Itiona contributing to	death but not	resulting	In the under	tying cause	given in Par	1 . 24a. WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
VIC AN	EMIA OF	unkna	our	073	your.			FORMED?	co	AILABLE PRIOR TO IMPLETION OF CAUSE
BITUS								S 2 □ NO		DEATH?
/	HOSPITAL:				6. PLACE OF D	DEATH (Check of	only one)			
SCHO			_	4 Mursing						
_	28a. DATE OF (Month, D	INJURY ay, Year)	26b. Ti	ME OF 280	WORK?	28	d. DESCRIBE HO	W INJURY OCCL	JRED	
						□ NO				
	building,	F INJURY — At I atc. (Specify)	home, farm	, street, factory,	office	28			r Runii Routi	a Number,
										nd manner as stated.
determine CERTIFYING P	MINEH; On the basis of a:				T 00 - 110	ENSE NUMBER	2	29d DATE	RICHED ///	onth. Day. Year)
CERTIFYING P						230			SIGNED IN	100
	6 Pending Investiget 6 Could not determine	ANO 1 Inpatient 2 EATH 6 Pending Investigation 6 Could not be determined CERTIFYING PHYSICIAN: To the best of a part of a p	HOSPITAL: 1 Inpatient 2 ER/Outpatient EATH 6 Pending Investigation 6 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At building, atc. (Specify) CERTIFYING PHYSICIAN: To the best of my knowledge,	HOSPITAL: Inpatient 2	HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing EATH Early Department 2 ER/Outpatient 3 DOA 4 Nursing Pending Investigation 28e. DATE OF INJURY 26b. TIME OF INJURY M 1	HOSPITAL: Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 R EATH 28a. DATE OF INJURY 28b. TIME OF NURY AT NURY NURY AT NURY NURY AT NURY NURY AT NURY NURY AT NURY NURY AT NURY NURY AT NURY	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 EATH 6 Pending Investigation 28a. DATE OF INJURY 26b. TIME OF INJURY To VEST To	HOSPITAL: Inpetient 2	HOSPITAL: Impetient 2	HOSPITAL: Inpatient 2

3

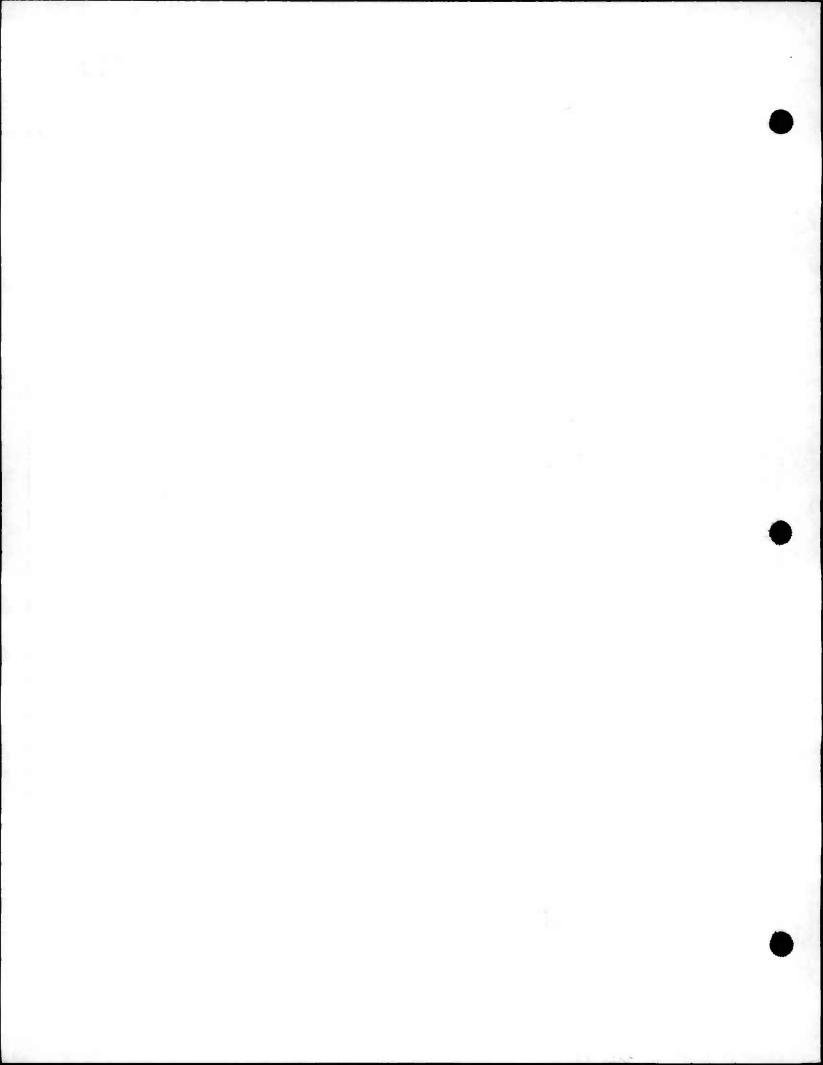
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S WONATER

Dr. Anthony Riley

31. DATE FILED (Month, Day, Year)

OCT 3 0 1991



TO THE HOSPITAL PRECORDS, P.O. BOX 68760,

TO THE HOSPITAL PRECORDS TO Be described within security and present the death certificate be executed within security and present the security of the security of the death certificate be executed within security and the formal present of the security of the

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2-1	(L	2	L	- 1	
NF	0	-			

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTA	L HYGIEN	IE' '	3413	
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	Е.		WISE		2. DATE MONT	OF DEATH		S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-10-8019		'In yrs. last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	I a	BIRTHPLACE (State or Foreign Country) aryland	
~	8e. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN	OR LOCATION OF E		, 152	9c. COUNTY		
СТО	2926 ROCK ROS	E ROAD		BALTI	MORE					
DIRECTOR	Maryland 10b. COUNT	Y		town on Local					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RAL	100. STREET AND NUMBER 2926 Rockrose	Ανο		101	ZIP CODE	1 5		1	OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Ye	US or No- 14	RACE — American Indian	
ВУ	1 Mever Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		2 NO Speci		Rican, etc.)		Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	Cation o completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	rork done during mo e retired.)	ON st of working	168	. KIND OF BU	SINESS/INDUS	тяу	
BE CO	17. FATHER'S NAME (First, Middle, Last) N/A				18. MOTHER'S N		Middle, Malden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Edna Redditt		19b. MAILING 2926	ADDRESS (Street &	ond Number or Rural	Route Num	alto.	n, State, Zip Go	^(w) 21215	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	ioval from State com	PLACE AND DATE O	F DISPOSITION (Na	me of	DAT	E 20c. LC	CATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	arrison	22. NAME AN	ID ADDRESS OF F	ACILITY			Md.	
_	Carlton (Wound	and	1701	lass Fu McCull	loh S	st. Se	rvice 1217		
	IMMEDIATE CAUSE (Final	a. ATHOROSC	ich line.	c cAG					interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST									
	PART II. Other significant condition	e contributing to deeth be	ut not resulting in	the underlying	cause given in	Part i	24a. WAS AN	Alimpey	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	ACE OF DEATH (C)					
HYS	tX YES 2 ☐ NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Output 26e. DATE OF INJURY	itient 3 🗆 DOA	4 - Nursing Hom	5 A Residence			NJURY OCCUR		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 N	RK? ES 2 NO	200, 023	CRIBE HOW I	NJUHY OCCUM	ED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, st	reet, factory, office		28f. LOC City	ATION (Street or Town, State)	and Number or F	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred	d at the time, data , in my opinion, d	end place, end due	to the ceu	and place, en	nner se stated.	suse(e) and manner se stated.	
BEC	211 SIGNATURE AND TITLE OF CERTIFIEF			T	29c. LICENSE NU		20120		GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA		Print)	0.0	.М.Е	•	10	/24/1991	
	MARGARIOS A. IL	obote 1	11 PENN		T BAL	TIMO	RE, M	ARYLA	ND 21201	
	31 DATE FILED (Month, Day, Year) Ju	lia Davidson-Rand	TURE							

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

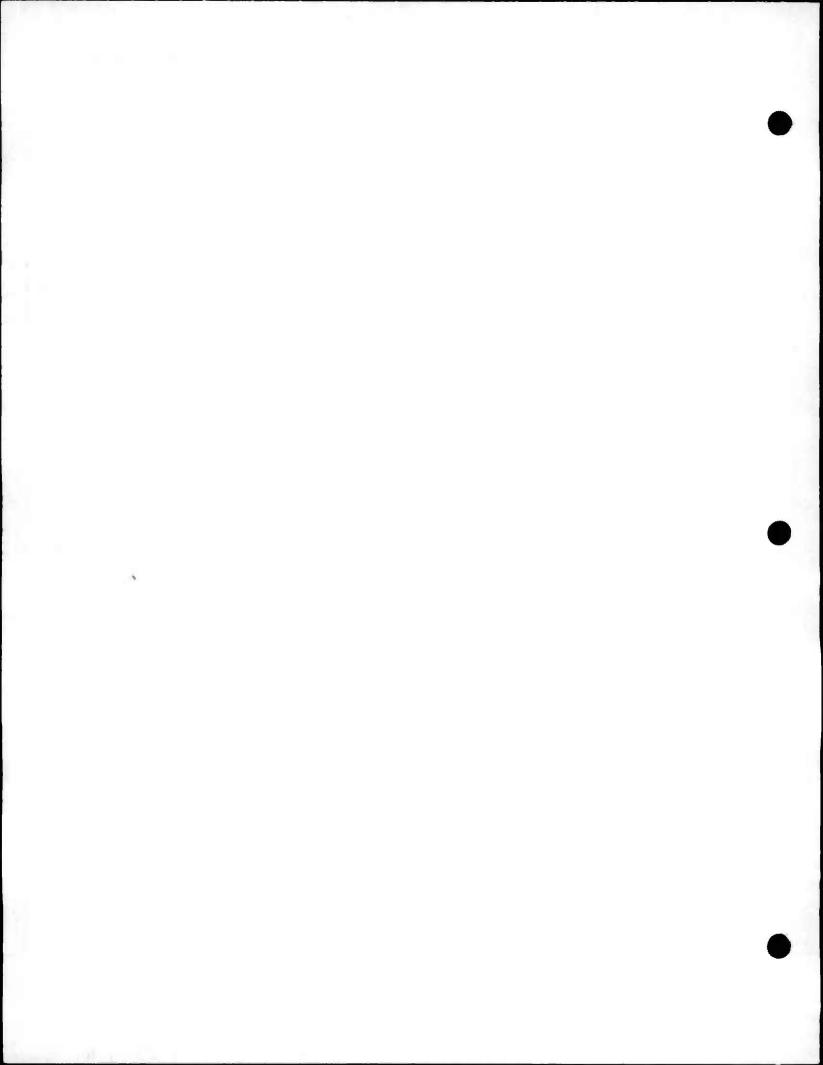
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a count after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR - STATE REGISTRAR	STATE OF I				OF HEAD		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)		IEMDY		LIA TOP			2. DATE OF OEATH MONTH D	AY	YEAR	3. TIME OF DEATH 6:03P
	JOSEPH 4. SOCIAL SECURITY NUMBER	5. SEX	HENRY 6. AGE (in yrs. la:		WAITE IF UNDER 1		INDER 24 HRS.	10-21-1 7. OATE OF BIRTH	991	a. BIRT	HPLACE (State or Foreign
	233 24 2010	1 🙀 M 2 🗆 F	71	YRS.	MONTHS	DAYS HOL	JRS MIN.	(Month, Day, Year) 11-28-19		Wes	t Virginia
_	9a. FACILITY NAME (If not institution, give stre						CATION OF DE		50, 100	UNTY OF	
ē I	Franklin Square He	ospital		Essex/Rosedale					Ва	ltim	ore County
DIRECTOR	10a. STATE 10b. COUNTY			100	TY, TOWN OF						10d. INSIDE CITY LIMITS?
		dmore C	ounty	P	arkvi				T 40 - 013	TITTU OF	1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f, ZIP			10g. CI		
R	3640 Rockbury Co		NT EVER IN U.S. A	DMCO	40.14	DECEMBE	21234	VIC ORIGIN? (Specify Ye	o or No	US	
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 MAR OR DATES	NO	11	yes, specify	Cuban, Mexica NO Specify	in, Puarto Rican, atc.)	a or No—	Blac	E — American Indian, ok, Whita, etc. city: White
	15. DECEDENT'S EDUCA	TION	16a. D		S USUAL OC		no	16b. KIND OF BU	SINESS/IN	IDUSTRY	
COMPLETED	(Specify only highest grade of Elamentary/Secondary (0-12)	ompleted) Coffege (1-4 or 5		Give kind of e. Do NOT u	work done du ise retired.)	uring most of	working				
Z	12 +	2		etire	be.			Sale	sman		
8	17. FATHER'S NAME (First, Middle, Last)	-		CLAL	-	18,	MOTHER'S NA	ME (First, Middle, Maider	Sumame)		
	Charles O. Waite						Adelai	ide Goodwi	n		
BE	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILIN	G ADDRESS	(Street and N		Route Number, City or Tox		Zip Code)	ntou i
5	Frances P. Waite	Wif	e	3640	Rockl	bury (Court,	Parkville	, MD	21	234
	20a. METHOD OF DISPOSITION 1	val trom Stata		E OF DISPO			y, cremetory or				Town, State
- 8	4 Donation 5 Other (Specify)	NSEE _ A	N. 10. 12		22. N	IAME AND A	DDRESS OF FA	VCILITY			
	Muldel /	Roma	ld Wade,	Dir				ore St, Ba			30ARD 21201
	23. PART I. Enter the diseases, Dr Co										Approximate
											Interval Between Onset and Death
NO	Sequentially list conditions, b. ASCV										
TA.	If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease Dr injury that initiated events resulting in death) LAST										
				I market and							
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 MAIL ALE PRIOR TO COMPETTION OF CAUSE OF PEATH? 1 YES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL					DO DI ACC	OF DEATH (C	hash ash asal			
O	EXAMINER?	HOSPITAL:	C enin and it	. 11/20	OTHER	1:					
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	28e, DATE C	ER/Outpatient	_	ME OF	28c. INJURY		8 Other (Specify) 28d, DESCRIBE HOW	INJURY C	CCURED	
	1 Netural 5 Pending		Day, Year)		NJURY	WORK?					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At 1 g, etc. (Specify)	home, farm	, street, facto			28t, LOCATION (Stree City or Town, Stell		ber or Rura	I Route Number,
E											
COMPLETED	(Check only							e time, data and piece,			e(a) and manner as stated.
	290, SIGNATION AND TITLE OF CENTURER		1			25	c. LICENSE NU	JMBER	29d. D	ATE SIGN	ED (Month, Day, Year)
BE	Metologica	m All	()				mil	411	•	10	-25-91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CA	USE OF DEATH (IT	TEM 27) (%	pe, Print)		MA	N M /		,0	70 1/
	DR. MIRIAM COH	EN	201 E	E. Un		ity P	arkway	, Baltimor	e. M	ID 2	1218
	31. DATE FILE CHOPEN. 37. (Par) 1991	32. AEGISTI	Davidson-V	Pandel	ed :						

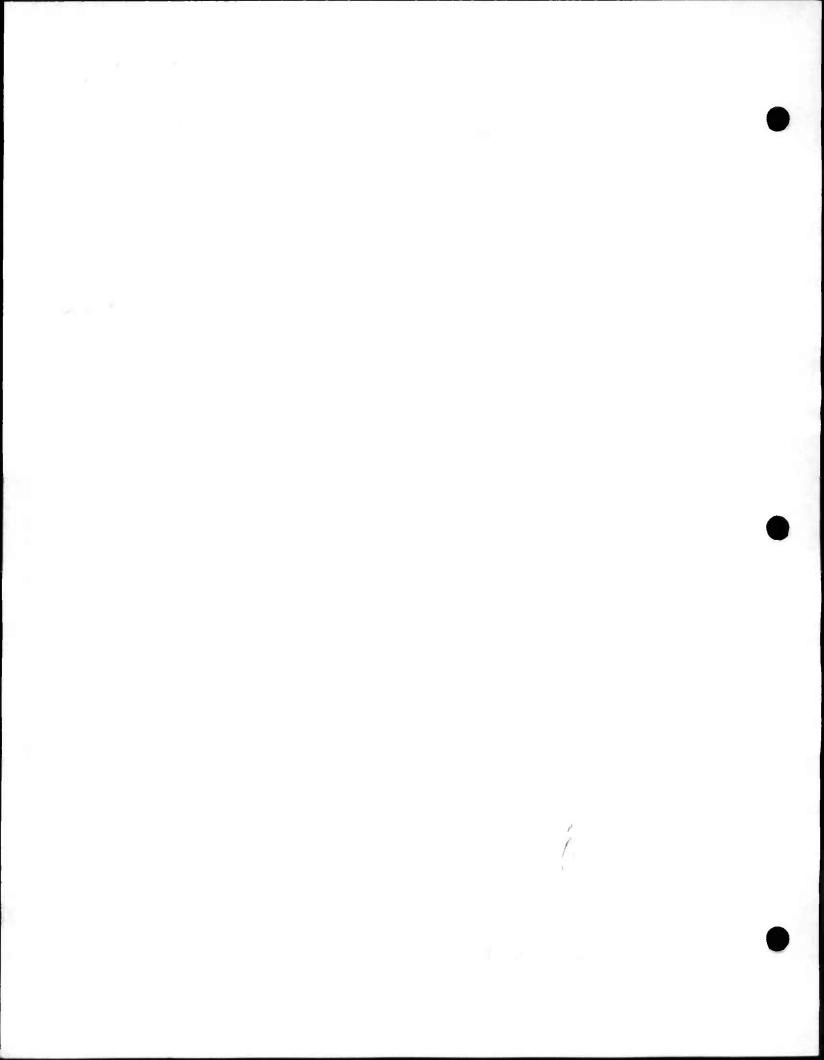


TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.	23	481	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	OF DEATH		3. TIME OF DEATH	
	Robert					NONTH	25	Q I	6.00 a m	
	4. SOCIAL SECURITY NUMBER 257. 34. 5737.	5. SEX 6. AGE (A		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year) 27-1930	8. BIRT Coun	HPLACE (State or Foreign try)	
	9e. FACILITY NAME (If not institution, give :	street and number)		b. CITY, TOWN C	R LOCATION OF D			COUNTY OF	DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	Hospital		Balt	IMORE			E - Hall	Hart	
OIRE	Maryland 106. COUNT	na na		altimor					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER				ZIP CODE		109	. CITIZEN OF	WHAT COUNTRY?	
Æ	961 North Washin	ngton St			21205					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY WWII NAVY A32	2 NO	If yes, spe	ENDENT OF HISPA colfy Cuban, Mexic 2 NO Speci	an, Puarto Ri	cen, etc.)	Blec	E — American Indian, ik, White, atc. BIACK	
ED	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S US	SUAL OCCUPATIO	IN .	18b I	NO KIND OF BUSINES	ES/INDITIETOV	DIACK	
COMPLET	(Specify only highest grade	Coffege (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mos	st of working	100.1	AND OF BOSINES	33/INDO31 HT		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mi	ddle, Maiden Surne	lme)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural	Route Numbe	r, City or Town, Sta	ate, Zip Code)		
	20a. METHOD OF DISPOSITION 1 General 2 Cremetion 3 Rem	ioval from State ceme	PLACE AND DATE OF tery, crematory or othe		me of	DATE	20c. LOCATIO	ON — City or To	own, State	
	4 Donation 5 Other (Specify) 1	anima //								
	mud //	//well Rona	28.9/ ald Wade,		D ADDRESS OF FA	CILITY				
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ceve brown DUE TO (OR AS A	tha death. Do not ch lina.	anter the mod			ac or reapirator	ry arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. PNEUMONICA DUE TO (OR AS A CONSEQUENCE OF): C. SLIZUVES DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algolificant condition	as contributing to death bu	t not resulting in							
PHYSICIAN: MEDICAL		- continuating to death bu	t not resulting in	the undarrying	cause given in		PERFORMED	?	NERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA:		26. PL	ACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 NO	HOSPITAL: 1 X Inpatient 2 - ER/Outpet		THER: Nursing Home	5 - Realdence	8 🗆 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOF	IRY AT RK? ES 2 NO	28d. DESC	RIBE HOW INJUR	Y OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY - building, etc. (Specifi	- At home, farm, stre			281. LOCAT City or	ION (Street and No Town, State)	umber or Rural I	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowle	dge, death occurred a	at the time, date	and place, and due	to the cause	e(a) and manner a	a atated.		
00		R: On the basis of exemination	and/or investigation, i	in my opinion, de	ath occured at the	1lme, deta ar	nd place, and due	to the cause(e	a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	141	. 0		29c. LICENSE NUI	MBER	29d		(Month, Day, Year)	
ဍ	BIL HAVE AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DEAT	se officer		03890	13		10/25	191	
	Leven Cherm	D 225-GVE	une stre		Himore	MD	21201			
	OCT 3 0 199	1 32. REGISTRAR'S SIGNAT	URE .			2577				



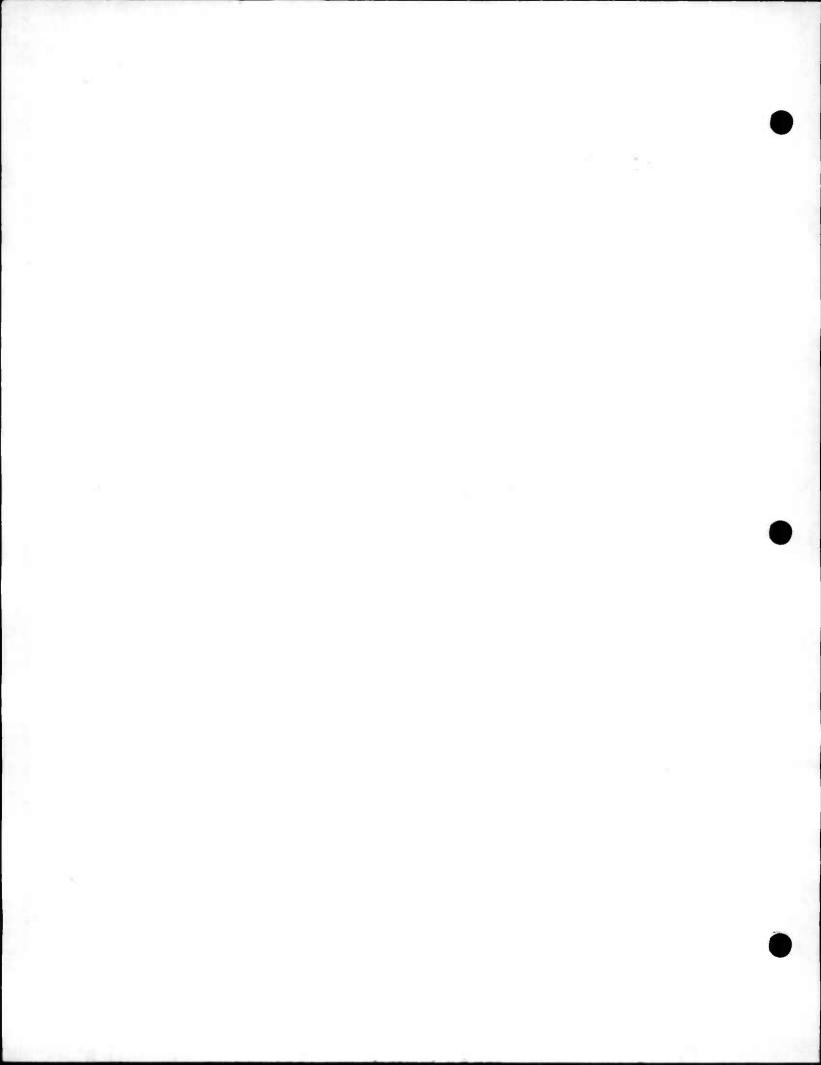
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & ... nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

1	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.	tion and	7702
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	James		Watts			10-22-91		11: 28 A™
Ţ	317400044	5. SEX 8. AGE ((In yrs. lest birthdey) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-21-1941		ITNPLACE (State or Foreign intry)
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	DEATH
	41 South Strick	er Street		Balti	more			na
	10a. STATE 10b. COUNT	na	10c. CITY	TOWN OR LOCAL Balti				10d. INSIDE CITY LIMITS?
١	100. STREET AND NUMBER		-		f. ZIP CODE		10g. CITIZEN O	YES 2 NO
	41 S. Stricker	Street			212	23		
101	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		NC ORIGIN? (Specify Year in, Puerto Rican, etc.) y:	BI	ACE — American Indian, ack, White, etc. sectly: White
3	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT'S	USUAL OCCUPATI	ON ost of working	18b. KIND OF BUS	NESS/INDUSTRY	′
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT ue	e retired.)	•			
	17. FATHER'S NAME (First, Middle, Last)		125	-	18. MOTNER'S NA	ME (First, Middle, Maiden S	Surname)	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	, State, Zip Code)	
	20a. METHOD OF OISPOSITION 1	noval from State	b. PLACE OF OISPOS other place)	SITION (Name of ce	metery, cremetory or	20c. LOC	CATION — City or	r Town, State
	4 Donation 5 Other (Specify)		nde på	22. NAME A	NO ADDRESS OF FA	CILITY CM2 MM	7377 50477	
	X 200 1 101 111	Male 10	ade, Dir	655 V	V. Baltim	nore St, Ba	ANATOMY lto.,MD	
	23. PART I. Enter the disesses, or shock, or heart fellura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	each line.		9	hagus		Approximate interval Batween Onset and Death
		DUE TO (OR AS	A CONSEQUENCE OF	F): <i>U</i>	1			
CERTIFICATION	Sequentielly list conditions, tf any, taading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF	F):				
3	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF	F):				
H	resulting in death) LAST	d						
SAL	PART II. Other significant conditional Color Color		but not resulting	in the underlying	ng ceuse given in	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDI						_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .			PLACE OF OEATH (C	heck only one)		
20	1 TES 2 M NO	HOSPITAL:				6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY W	LJURY AT PORK? YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCURE	0
	3 Suicide S Could not be 4 Homicide determined	28s. PLACE OF INJUR	IY — At home, farm, ec/ly)	street, factory, off	ice	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED	CHOCK ONLY	SICIAN: To the best of my kno	wiedge, death occurr	ed at the time, da	te and place, and du	e to the cause(a) and mar	nner as stated.	
		IER: On the basis of examinati	ion and/or investigation	on, in my opinion,				
O BE	Bernard	uhna M!	9		D/4	206		NED (Month, Day, Year) - 25- 91
٦	30. NAME AND ADDRESS OF THE OF W DR. YUKNA	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	n, Print)				The state of the s
	31. DATE FILED (Month, Day, Year) OCT 3 0 199	32. REGISTRAR'S SIG	MATURE Production	7				.50
		1 7 WWW. WWAY	Sent Manda					



	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTIF	RTMENT OF	F HEALTH AND OF DEATH	MENTA	HYGIEN REG. NO		()	400	,	
	1. OECEDENT'S NAME (First, Middle, Lest) LAWRENCE	0	2. DATE OF OEATH DAY 1991 4:31P									
	4. SOCIAL SECURITY NUMBER		3. AGE (in yrs. lest birthday)						BIRTHP	LACE (State		
	216–28–1681 9a. FACILITY NAME (If not institution, give:	1 XM 2 F	59 YRS.		3.50		24, 19		Yd.			
O. H	FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY											
DIRECTOR	10e. STATE 10b. COUNT			TY, TOWN OR L						10d. INSIDE	CITY	
	Md.			Baltimor						LIMITS?		
FUNERAL	5325 Todd Avenue				21206			10g. CITIZE	N OF WI	AT COUNTR	Y7	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT OF FORCES? 1 FYES BINE WAS	YES 2 NO	If you	DECENDENT OF HISPA I, specify Cuban, Maxic YES 2 NO Spec	ean, Puerlo	N? (Specify Yes Rican, etc.)		RACE Black	- American White, etc.	Indian,	
E	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	18a. DECEDENT'S	work done during	PATION g most of working	166	b. KIND OF BUS	SINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIII. DO NOT L	Fire Fig			Baltimor	ore City				
COM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,	Middle, Maiden		3			
BE	Frederick Winterling 190. INFORMANT'S NAME (Typo/Print)		10h MAH MA	ADDRESS (Co.	Rose Co							
욘	Patricia A. Winterli	ng	532	5 Todd A	venue Balt:	imore,	Md. 212	n, Stete, Zip Ci 206	ode)			
1	20e. METHOD OF DISPOSITION 1	oval Irom State	20b. PLACE AND DATE			DAT		CATION — CH		n, State		
10	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										-	
	23. RABY I. Enter the diseases, or shock or heart fellure	ladden			nard J. Ruck					21214		
CERTIFICATION	shock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION DE COMPLETION									OF CAUSE		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL -			PLACE OF DEATH (C)	heck only or	10)					
HYS	1 X XES 2 □ NO 27. MANNER OF DEATH	1 Inpetient XIXE	R/Outpatient 3 DOA		Iome 5 Residence							
28a. DATE OF INJURY 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 1 YES 2 NO								JURY OCCUR	EO			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of axam	knowledge, death occurring	ed at the time, o	late end place, end du	o to the cau	ree(a) and men	ner as stated.	nuse(s) s	ind menner a	na stated.	
BE C	SHOWSHOW THE WAY THE OF COMMITTEE		ы		29c. LICENSE NU			29d. DATE S	GNED (A	fonth, Day, Ye	er)	
2	M. NAME/AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)	00	ME		10	2	8	1991	
	FRUMUS-1	ENEI/	LIXII P	ENN S'	TREET B	ALTI	MORE,	MARY	LAN	D @!@	a)!	
	A. DATE FILED (Month, Day, WOLT)	32 REGISTRAÉ'S	SIGNATURE PRINCE	-Randas	2							

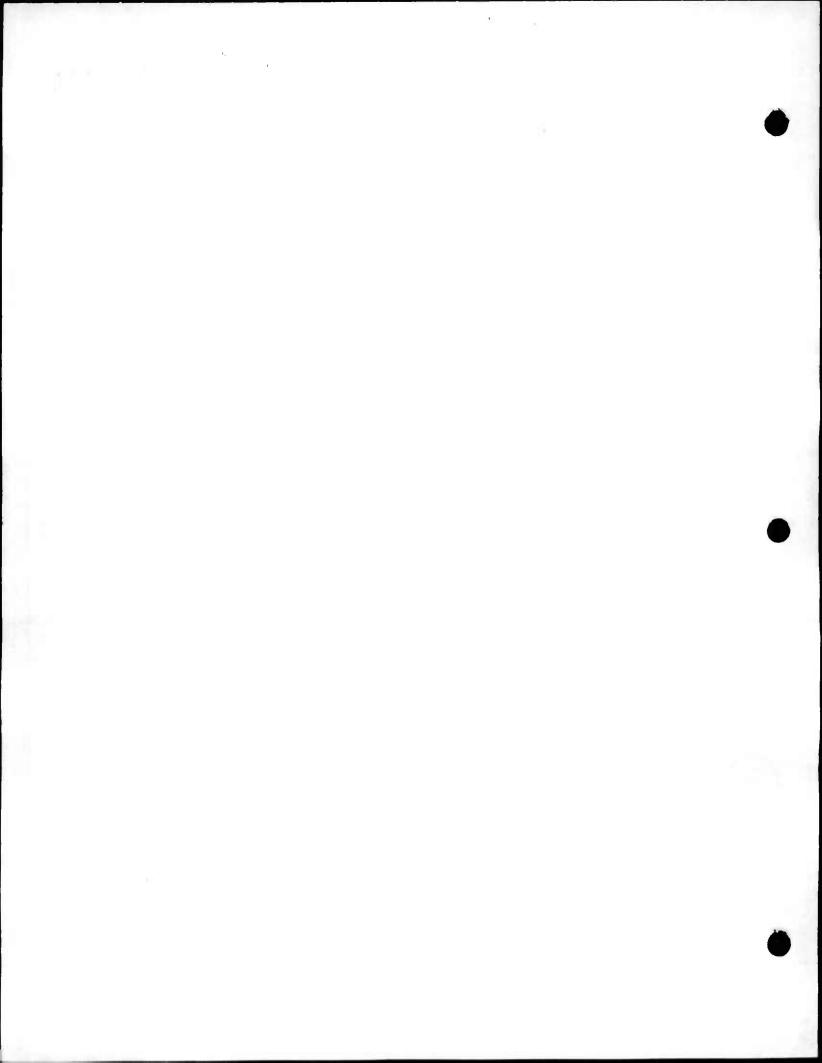
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BALTIMORE, MARYLAND 21215-0020	EATH The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL, OR ATTACOUNT DATA THE LAW REQUIES that the death certificate be executed within 24 hours after death. TO THE FUNERAL UNBETHER ARE THE CONFICATE has been signed by the attending physician and completely filled in by the funerate filled within 72 hours of completely filled in by the funerate filled within 72 hours of completely filled in by the funerate by filled within 72 hours of completely filled in by the funerate filled within 72 hours of completely filled in by the funerate filled fille	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	SUZANNE	E	AMEI	T				MONTH 10	MONTH 10 DAY 28 91					
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH 8. BIRTH		PLACE (State or Foreign		
	213-60-5870 1 ☐ M 2 🖫			37	YRS.	MONTHS	DAYS	HOURS	MIN.	November 17	,1953	Ma	ryland	
Œ			96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN							EATN				
DIRECTOR	GOOD SE	pital		E	alt	imo	re		<u> </u>		N/A			
RE	10a, STATE 10b, COUNTY					Y, TOWN	R LOCA	TION					10d. INSIDE CITY	
	MD Baltimore					Balt							1 YES 2 NO	
RA	100. STREET AND NUMBER				10	. ZIP COD	_				HAT COUNTRY?			
S	7820 High	IT EVER IN U.S.	ADMED	21234 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No.— 14. RACE -										
BY FUNERAL	Never Married 2 Married FORCES7 1 YES				NO	1 1	1 yes, sp	ectfy Cube	m, Maxica	in, Puarto Rican, stc.)			RACE — American Indian, Black, White, atc.	
	3 Widowed 4 Dive							-V-V-V	Specif	y.		Spech	White	
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)		Give kind of ite. Do NOT u	work done i	CCUPATE	ON ost of workli	ng	16b. KIND OF BL	ISINESS/IN	DUSTRY		
PLE	Elementary/Secondary (to 12 year		College (1-4 or 5	+)	Teac	,				Vill	a Cr	est.a	School	
OM	17. FATHER'S NAME (First, M	fiddle, Last)		10				ts. MOT	NER'S NA	ME (First, Middle, Maider				
BE	George (ent							red L. D		non		
10	19a. INFORMANT'S NAME (19b. MAILING	ADDRESS	(Street a	nd Number	or Rural i	Route Number, City or Tox	vn, State, Zij	Code)		
	George (Ro	ad Balti				
	20a METNOD OF DISPOSITE A Burial 2 Cremation 5 Other	n 3 Rem	ovat from Stata	cemetery, c	rematory or o	of DISPOS	ITION (Na	ame of	1		OCATION -			
	21. SIGNATURE OF FUNERA	CENSEE	eran	22	MAME AL	m. Park 10/31 Baltimore, MD								
	* John			0	ohr	ıson	Fur	neral Hor		Balt	o. MD			
\neg	23 PART L Enter the diseases, or complications that caused the death Point of the head of the death Point of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the death Point of the head of the head of the head of the head of the head of the death Point of the head of the													
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. CUNCLEA AVEST													
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST End Stage Rena Disease Due to (or as a consequence of): Due to (or as a consequence of):													
	PART II Other cleatiles		d											
4: MEDICAL	- Moreria Verud Sa PERFORMED? 1 YES 2 NO DE DE									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF DI	EATH (Che	ock only one)				
YSIC	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER 4 Nurs	:			8 Other (Specify)				
	27. MANNER OF DEATN 1 Netural 5	Pending	28a. DATE OF (Month, De	INJURY ny, Year)	28b. TIM		28c. INJI	URY AT		28d. DESCRIBE NOW	NJURY OCC	URED		
BY	2 Accident	nvestigation	20. 21.102.01			М		'ES 2 [NO					
		Could not be setarmined	building,	F INJURY At h atc. (Specify)	ome, farm, s	treet, facto	ry, office			28t. LOCATION (Street and City or Town, State)	and Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDI-	IFYING PHYSIC	CIAN: To the best of ax	my knowledga, d	asth occurre	nd at the tir	ne, data	and place,	and dua	to the cause(s) and mai	nner as stated	ed.	and manner as stetad	
BE C	196. SIGNATURE AND TIPLE								NSE NUM				Mghth, Day, Year)	
10 B	11	0		-	>			D	194	23	> 1	0/28	491	
	30. NAME AND ADDRESS OF	(oc	h Kow	en B	M 27) (7)00,	Print)							`	
	OCT 3 1 1	991	32. REGISTRAL	SON-Rand	.00									
L	10.01	001	A Proportion	2010-1/2-100									OHMN-18 Rev 1/89	





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9	TO THE FUNERAL DIRECTOR: After this certified	be filed within 72 hours after death with the ST	E
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	REGISTRAR				EKIIF	ICAL	E OF	DEA	IH	REG. NO).			
		1. DECEDENT'S NAME (First, Middle, Lest) Ollie Acuff 2. DATE OF DEATH MONTH DAY YEAR 7 45									TIME OF DEATH			
10	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs. In	et hirthrien)	E IMPE	R 1 YEAR	IF UNDE	2 04 1000	10 2	8		1 F M		
- 8	217-22-5725 1 D M 2X F			88	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/21/0.2		8. BIRTHPLACE (State or Fo		
- 1	9a. FACILITY NAME (If not institution, give street and number)						, TOWN	OR LOCATI	ON OF DE		_	TY OF DEA		
DIRECTOR	Union Memorial Hospital						Balto	o. Ci	Lty					
E	10a. STATE	10b. COUNT	Y		18c C17	Y, TOWN	OBLOCA	TION						
	Md	Ва	ltimore	:	luc. Cr	1, 1044	ON EOCA	IION					Od. INSIDE CITY LIMITS? YES 2 NO	
₹	10e. STREET AND NUMBER						101	. ZIP COD	E	-	10g. CITI	ZEN OF WH	AT COUNTRY?	
FUNERAL	1012 Woo				2122	8			USA					
5	11. MARITAL STATUS		12. WAS DECEOEN		RMED	13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (Specify Ye	s or No-		- American Indian, White, atc.	
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V		NO	If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 YES 2 NO Specify: Specify:							White, atc.	
	white											white		
	(Specify only	EDENT'S EDU	completed)	(0	ECEDENT'S Sive kind of Do NOT u	Work done	CCUPATIO during mo	ON ast of workli	ng	166. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	") Fa	ctor	Y W	ork	er						
S S	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Malden	Sumame)			
BE	Clyde Act								lli					
2	194. INFORMANT'S NAME (7)									Route Number, City or Tow				
	Roy Wilson			5	8 Ga	rde	n R	idge	Ro	ad Balt	imor	e, M	d 21228	
	20a. METHOD OF DISPOSITI 1 ☐ Burlel 2 ☐ Crematio	n 3 🗆 Rame	oval from Stata	20b. PLACE cemetary, cre	emetory or o	thar nincal					CATION —			
	4 Donetion 5 Other		ENGRE	- Good	She	phe	rd (Ceme	ter	y 11/1	Elli	cott	City, Md	
	- 6/0	. A	A			S .	NAME AN	ling	SS OF FAC	hton Fun	oral	Hom	o Ing	
	Ko (and	P	X/ Clarke	7		17.	36 I	Edmo	nds	on Avenu	e 2	1228	e Inc.	
	23. PART Y. Enter the di	seeses, or c	complications that List only one cau	t ceused the de	eeth. Do r	ot enter	the mo	de of dy	ing, such	as cerdiac or reep	iretory arre	est,	Approximate	
1	IMMEDIATE CAUSE (Fin		ziot omy one coo	ide on each min			0						Onset and Death	
	disease or condition	+	a. Mue DUE TO	wa	nlu	Q ·	J.K	CA	iru	taul.				
			- 1		QUENCE O	0	1	0		0				
ĕ	Sequentisily list conditi	ons,	· Pul.	MAAA CONSE	Y 1	•	mb	10 6	5-00					
F	if any, lesding to immed cause. Enter UNDERLY!		₩ DOE 10	(UH AS A CONSE	OVERICE OF	10		1		0 1				
윤	CAUSE (Disease or Injurthet initisted events		a DUE TO	OR AS A CONSE	QUENCE OF	Ja	101	n bx	1113	Ego ?				
CERTIFICATION	resulting in death) LAST	T	4			,							į į	
2			0										1	
EDICAL	PART II. Other significe	nt condition	s contributing to	deeth but not i	reaulting	in the un	deriying	ceuse g	given in F	Pert I. 24s. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
움	Periote	(c)	Vascu	tas	die	w	_			1 YES 2	317.11	C	OMPLETION OF CAUSE F DEATH?	
¥													YES 2 NO	
z														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HQSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)				
۲ ک	1 TYES 2 NO		1 Inpatient 2	ER/Outpstient 3	□ DOA			5 🗆 Ra	sidenca 6	6 Other (Specify)				
핕	27. MANNER OF DEATH 1 Notural 5 1	Pending	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJI WO	URY AT RK?		28d. OEŞCRIBE HOW I	NJURY OCC	URED		
à l	2 Accident	nvestigstion				М		'ES 2 [] NO					
		Could not be setermined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	ime, ferm, s	traet, fact	ory, offica	1		28f. LOCATION (Street I City or Town, State)	and Number o	or Rural Rou	te Number,	
<u> </u>								_						
COMPLETE	(Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the ti	ime, data	and place,	and dua t	to the cause(s) and mar	mer as state	d.		
g I				amination and/or	Investigatio	n, In my o	pinion, de	esth occur	ed at the t	lime, data and place, an	d dua to the	cause(s) a	nd manner as stated.	
B	296. SIGNATURE AND TITLE	OF CERMIFIER						29c. LICE	NSE NUMI	BER	29d. DATE	SIGNED (M	onth. Day, Year)	
0	77.7	h the	MY.								> 1	0/2	1/2/	
	30. NAME AND AGORESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)							/	
	31. DATE FILED (Month, Pay,)				1421	•								
	10/4808	age a		r's signature Lia Davidso	, D.	2.00								
	Titopo	INT	ispi ju	- www.wiwiase		المراكات								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
10 THE FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Deot, of Health and Mental Horiene prior to burial command in removal
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91 29486 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH GEORGE A. BUTLER 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 26 **GEORGE** 10 4:36рм 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 214-38-0055 1 M 2 F DAYS HOURS 50 YRS 5-16-41 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL BALTIMORE CITY DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 724 E. 33RD STREET 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married II yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify:BLACK COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementery/Secondary (0-12) College (1-4 or 5+) HT8 LONGSHOREMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
REBECCA PRESCO GEORGE BUTLER, SR. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARRIET BUTLER 724 E. 33RD STREET/BALTIMORE, MD 21218 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) GARRISON FOREST VA CEMETERY OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY a lvin WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART i. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiretory arrest, Approximata shock, or heart failure. List only one cause on interval Batween **Onset and Death** disease or condition resulting in death) Enocarcinoma astric month DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 100 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER Inpatient 2 - ER/Outpatient 3 - DOA ng Nome 5 - Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH (Month, Day, 16an) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural BY 1 YES 2 Accident 28a. PLACE OF INJURY — At home, Jarm, street, lactory, offica building, atc. (Specify) 3 Suicida 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day Year) ras 2 WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

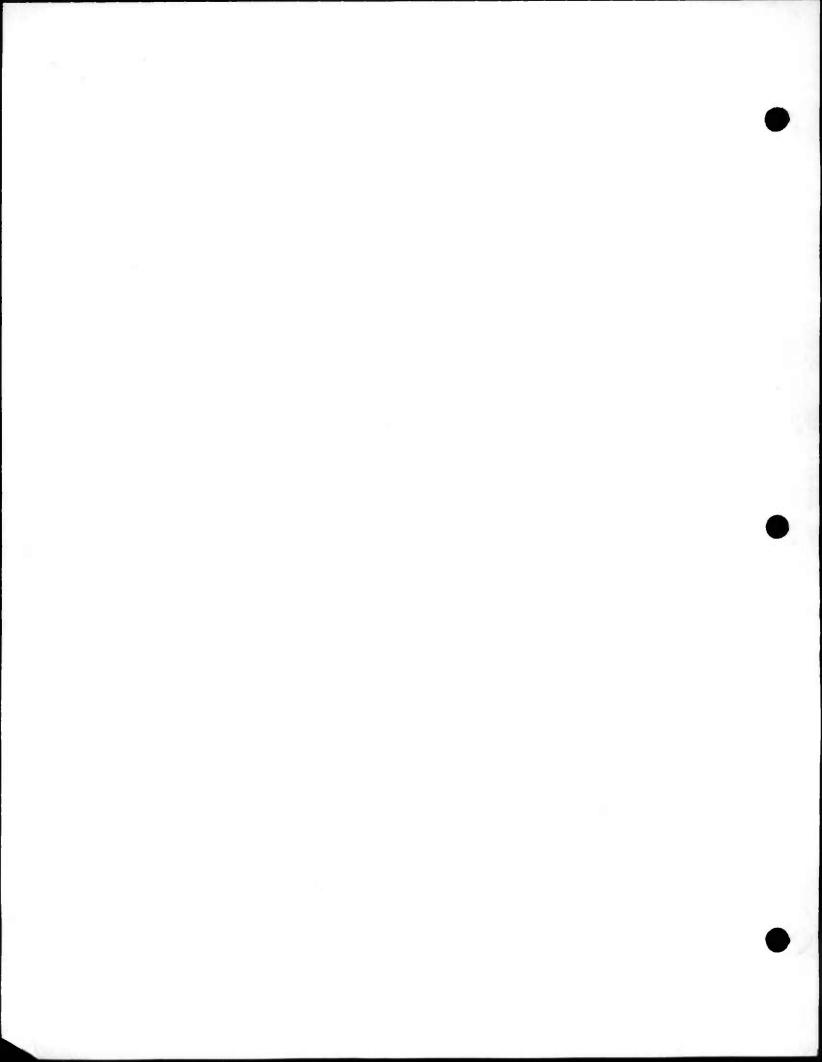


31. DATE FILEO (Month, Day,

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	1 - STATE STATE 0		ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	11 2110		
	1. DECEDENT'S NAME (First, Middle, Last) RUTH BRYAN	T RUTH	(W.) BRYANT	2. DATE OF DEATH	YEAR 750 PM M		
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\text{1} \) M 2 \(\text{X} \)	6. AGE /In use last birthde	MONTHS DAVE HOURS MIN		B. BIRTHPLACE (State or Foreign Country) D. C.		
OR	9a. FACILITY NAME (If not institution, give street and number MERIDIAN NURSING HOME (7	96. CITY, TOWN OR LOCATION OF BALTIMORE	DEATH 9c. COUN	TY OF DEATH 4LTO •		
DIRECTOR	10a. STATE 10b. COUNTY	10c. (BALTIMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4524 ST. GEORGES AVENUE		101. ZIP CODE 21.21.2		EN OF WHAT COUNTRY?		
B	1 Nover Married 2 Married FORCES?	EDENT EVER IN U.S. ARMED 1 YES 2 NO IVE WAR OR DATES		ANIC ORIGIN? (Specify Yes or No— lcan, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: BL ACK		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 2 YYS.	(Give kind	T'S USUAL OCCUPATION of work done during most of working t use retired.)	POST OFFICE			
E COMPL	17. FATHER'S NAME (First, Middle, Last) ABRAHAM WHITE		18. MOTHER'S IDA BU	NAME (First, Middle, Malden Surname)			
TO B6	190. INFORMANT'S NAME (Type/Print) JEAN ANDERSON			al Route Number, City or Town, State, Zip	*		
	20a. METHOD OF DISPOSITION 1	206. PLACE OF DISP other place) DULANEY	POSITION (Name of cometery, crematory of VALLEY CEM.	20c. LOCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF WM.C.MARCH F		*		
	23. PART I. Enter the diseases, or complications abook, or heart failure. List only one IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ceuse on each line.	Tic Caidwar	rescular des	interval Between		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	E TO (OR AS A CONSEQUENCE					
MEDICAL	PART II. Other significant conditions contribution Dementia Universe Tracting	betiens -		In Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							
COMPLET				fue to the cause(s) and menner as state the time, data and placa, and due to the			
BE	296. SIGNATURE AND TITLE OF CENTIFIED MAY		29c. LICENSE	987 29d. OATE	E SIGNED (Month, Day, Year) $0-30-9/$		
10	30. NAME AND ADDRESS OF SPRISON WHO COMPLETED CARL SPERLING MD.	S601 LOCH	YPA PHIN) KAVEN BLVD	BANTO. MD	21239		
		STRAP'S SIGNATURE					

OHMH-15 Rev 1/89

24 X 35.5° 1.00

31. DATE FILED (Month, Day, Year)

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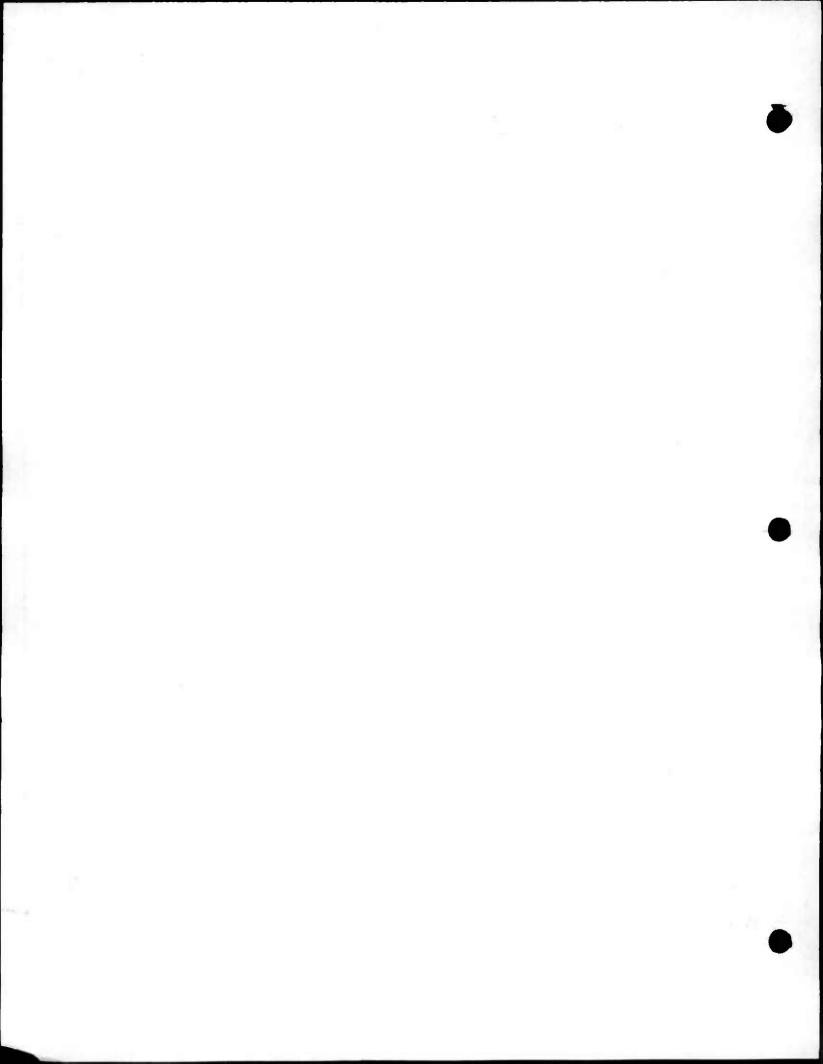
1991

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPA CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD	L. BROW	· ·	2. DATE OF DEATH MONTH	~8 91	3. TIME OF DEATH			
æ	4. SOCIAL SECURITY NUMBER 5. SEX 9e. FACILITY NAME (If not institution, give street and number of the second num		F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year)	9c. COUNTY OF	Md			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCATION			10d. INSIDE CITY			
ERAL		dow Road	04 / to 101. ZIP CODE 2/20	7	U	1 VES 2 NO WHAT COUNTRY?			
D BY FUN	1 Never Married 2 Married FORC IF YE	DECEDENT EVER IN U.S. ARMED DES? 1 VES 2 NO S, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi- 1 — YES 2 NO Speci	can, Puarlo Rican, atc.)	s or No— 14. RAC Blac Spe	CE - American Indian, ck, White, etc. City: Bladc			
OMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(1-4 or 5+)	S USUAL OCCUPATION work dane during most of working see retired.)	Balto Healt	SINESS/INDUSTRY City Dont	_			
BE C	17. FATHER'S NAME (First, Middle, Leat) THOMAS BYJW 19a. INFORMANT'S NAME (Type/Print)		Hnn	IAME (First, Middle, Maiden					
2	Cynthia Brow 200. METHOD OF DISPOSITION	n 671	A ADDRESS (Street and Number of Rura 4 Fox Meado 9F, DISPOSITION (Name, p)	ow Koad	Balto	Md 21207			
	1 Source 2 Cromation 3 Ramoval from 3 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICENSEE	State cemetally cylingatory or	22. NAME AND ADDRESS OF F	411-19 12 ACILITY 4. West	alto M	4			
	23. PART I. Enter the diseases, or compliceting shock, or heert failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ions that caused the deeth. Do one cause on each line. Non Hodo DUE TO (OR AS A CONSEQUENCE OF AS A CONSE	not enter the mode of dying, su	ch as cardiac or reapi	liratory arrest,	Approximate Interval Between Onset and Death			
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O							
MEDICAL CE	PART II. Other significant conditions contribu	uting to death but not resulting	In the underlying ceuse given is	1 Part I. 24a. WAS AN PERFOR	MED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
D BY PHY	1 Netural 5 Pending Investigation 2 Accident Investigation 28e. 1	PLACE OF INJURY — At home, farm,	M 1 YES 2 NO	28d. DESCRIBE HOW II		Route Number			
MPLETED	29a. CERTIFIER (Check only	e best of my knowledge, death occurs	ed at the time, data and place, and du	a to the ceuse(s) and man	iner as stated.				
O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	esie of examination and/or investigation	29c. LICENSE NU		29d. DATE SIGNED				

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32. REGISTRAR'S SIGNATURE FIRE DAVIDSON-RANDELLE



	1 - STATE REGISTRAR	SIAIE OF I	MARYLAND C	/ DEPAI CERTIF	RTMEN'	T OF H E OF	DEA	AND	MENTAL	HYGIEN REG. NO.	_	(m m)	705
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE DE	DEATH		3.	TIME OF DEATH
	PALMER	L.	BERR	YMAN					OCT.	26,	1991	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)		1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		. BIRTHPL	ACE (State or Foreign
	213-14-0375	XX M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.	Day Your	1919	Country	RYLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DI	EATH		9c. COUNT		
	1908 CEDAR F	ROAD				P	ASA	DENA	A		ANN	JE A	RUNDEL
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										I		
THE CLOSE			\DT	10c. CI1	Y, TOWN							10	Id. INSIDE CITY
	MARYLAND ANN 100. STREET AND NUMBER	IE ARUNI	75.			P	ASA	DENA	A			1	YES 2 XID
LONGUAL						101	. ZIP COD				10g. CITIZE		T COUNTRY?
	1908 C		ROAD					211				U	.S.A.
	1 Naver Married Z Married	12. WAS DECEDEN FORCES? 1	YES 25		13.	WAS DEC	ENDENT (OF HISPAN	NIC ORIGIN? (Specify Yea	or No 1	4. RACE -	American Indian, /hita, atc.
	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				XXX			,,		Specify:	
	15. DECEDENT'S EDUC	CATION	160 0	ECEDENT'S	I I I I I	CCUBATIC	N		T				WHITE
	(Specify only highest grade Elementary/Secondary (0-12)	completed)		Give kind of fe. Do NOT u	work done	during mo	st of worki	ng	16b. K	IND OF BUS	BINESS/INDU	STRY	
	12 th grade	College (1-4 or 5 -	•)		ESMA	N					STA	AYDR	I
	17. FATHER'S NAME (First, Middle, Last)	110110					44 4400						
	RUPLEY BERRYMA						16. MOT	RUT	ME (First, Mid	WRI			
	19a. INFORMANT'S NAME (Type/Print)				100050								
			PO. MAILING	ADDRESS				Route Number,		n, State, Zip C	ode)		
1	20a METHOD OF DISPOSITION									-F			
	1 Surial 2 Cremation 3 Ramo	oval from State	cemetery, ci	rematory or o	OF DISPDS (her placa)	ITIDN (Na	me of	. T	DATE		CATION - CH		
	21. SIGNATURE DF FUNERAL SERVICE LIC	ENSEE	- GPE	N HA									E, MD
Ė	50	C	0		MC	CÜ	LLY	FUN	TERAL	HOM	E OF	PAS.	ADENA
	- Thank	Suu	age		32	204	MOU	NTAI	IN RD	., PA	SADE	VA, M	D 21122
	23. PART I. Enter the diseases, or c ehock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO	OR AS A CONSE	EDUENCE OF	S (1.			c's	1	1		Approximate interval Between Onset and Desti
H	La description	. orel	Car	Ci,1	200	11	٩	1	Cor				
	PART II. Other significent conditions	contributing to	death but not	reculting	in the un	derlying	couse g	given in		a. WAS AN A PERFORM	MEO?	CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERBED TO MEDICAL					26 Pt	ACE OF D	EATH (Ch-	ock only one)				
1	EXAMINER?	HOSPITAL:	FDIO. 4 - 41 - 4		OTHER	l:	11/						
	7. MANNER DE DEATH												
Metural 5 Pending (Month, Day, Year) INJURY 286. INJURY AT 286.								28d. DESCH	28d. OEŞCRIBE HOW INJURY OCCURED				
ı	2 Accident Investigation 3 Suicide 8 Could not be	28s, PLACE DI	F INJURY — At he	ome ferm	trant facts			ND	201 1 0 0 1 7 1				
1	4 Nomicide 8 Could not be	building,	etc. (Specify)	,, .	Alvet, lact	Ay, Office		- 1	City or To	own, State)	nd Number or	Rural Route	Number,
1	29a. CERTIFIER	200				_							
	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of : On the basis of ax	my knowledge, de amination and/or	eath occurre	d at the ti	me, deta i	and place,	and due	to the cause(a) and manr	ver as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER		0			mion, de				placa, and	dua to the c	ause(a) and	f manner as stated.
	Company of Company	>	_	-			29c LICE	NSE NUM	BER		29d. DATE S	GNED (Mo	nyh. Day. Year)
-	30. NAME AND ADDRESS OF PERSON WND	COMPLETED OVICE	E OF PERSON	74.45			D	14	156		10/	291	91
	THE RIP ROVINGS OF PERSON WAD	COMPLETED CAUS	E OF DEATH (ITE	:M 27) (Type,	Print)								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotal.

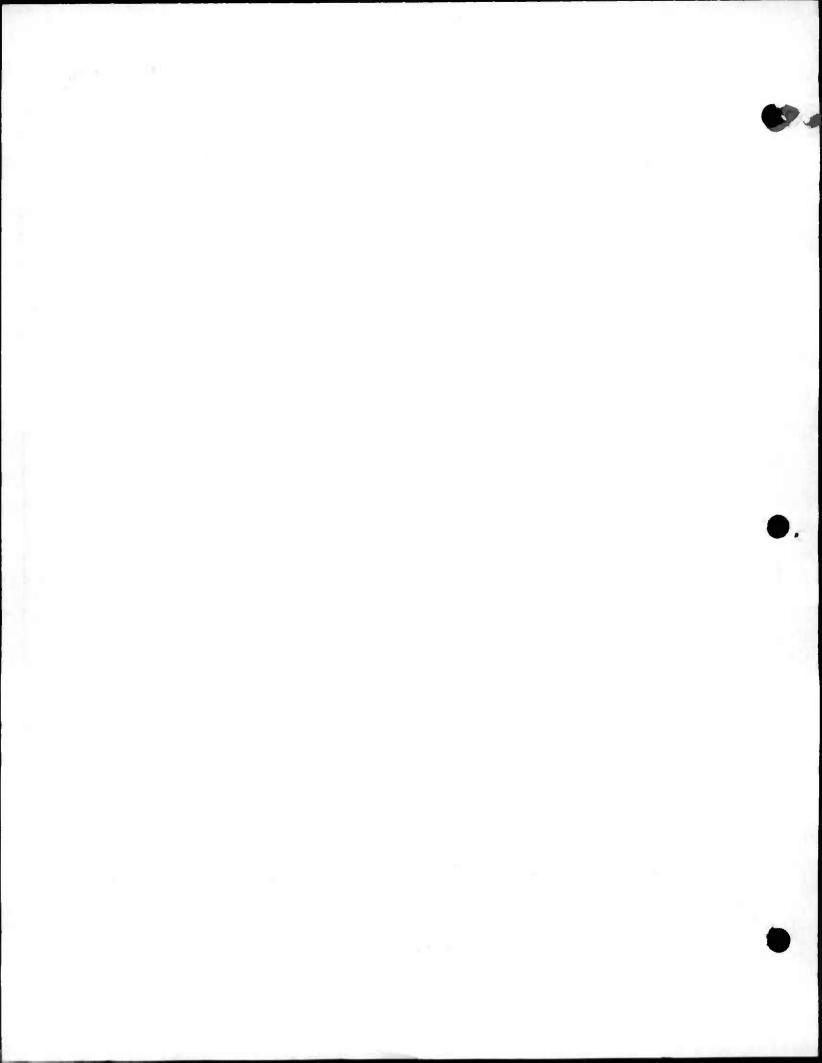
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

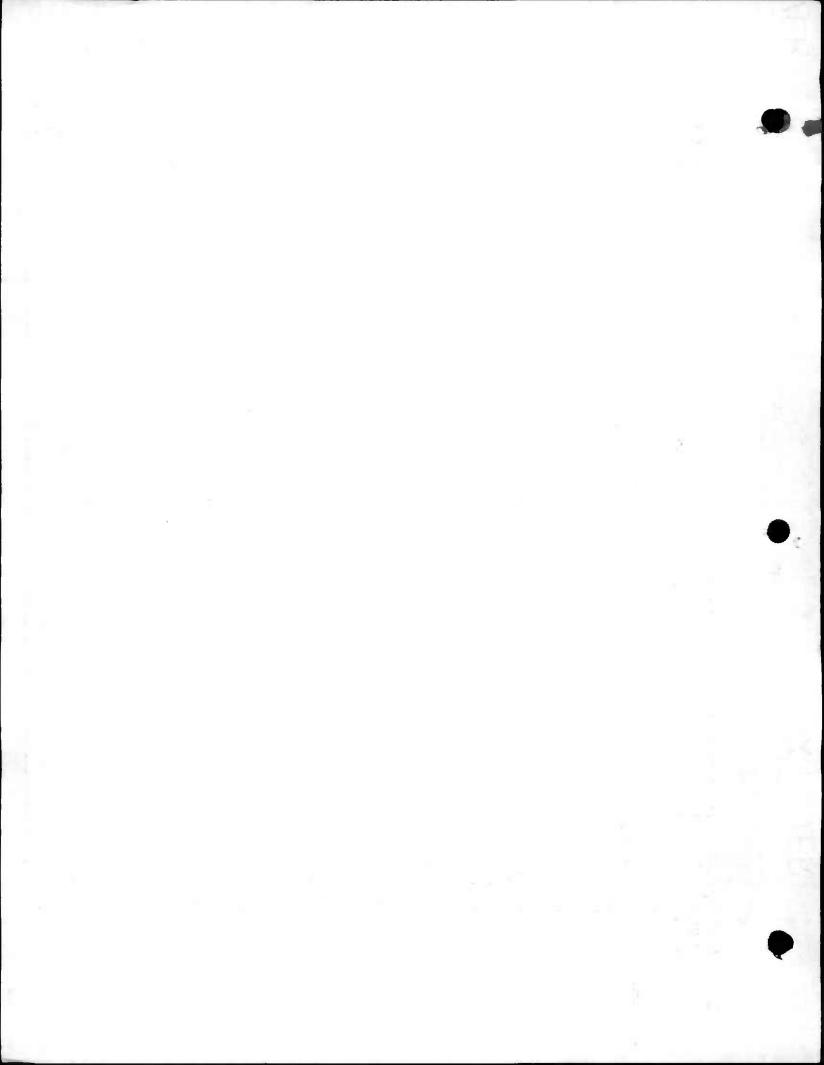
DHMH-18 Rev 1/89



D, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICALM The properties of the physical or attending physician.	letely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh.	emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO PROPERTY THAT THE DESIGNATION CONTINUES DE EXECUTED WIT	TO THE FUNERAL DIRECTOR: After this certificate has been appead by the attending physician and comple	be filed within 72 hours after death with the Star Deer of Haum and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 mores any injury, or other traumatic event, the medical examiner must be notified at once.

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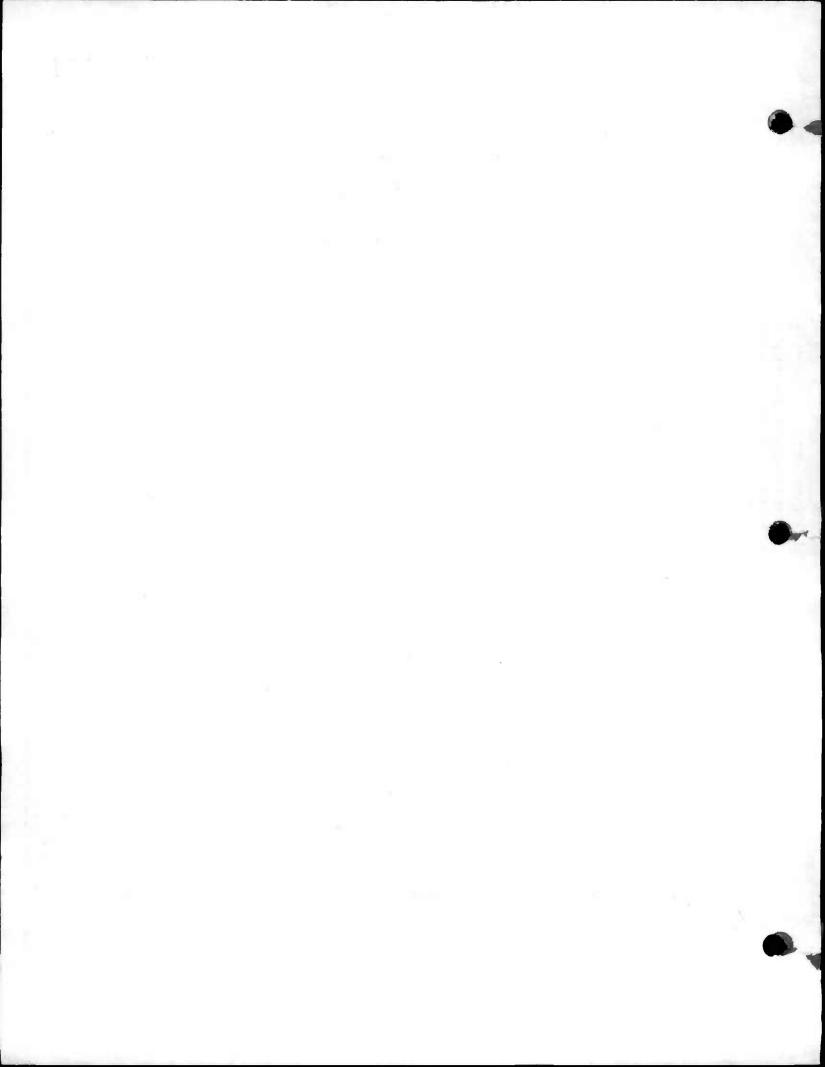
FOR 1 - STATE REGISTRAR	STATE OF MARYI		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
1. DECEOENT'S NAME (First, Middle, Lest) SAMUEL	BERGI	SR		2. DATE OF DEATH MONTH DAY	YEAR 1045 A M				
4. SOCIAL SECURITY NUMBER 16[-05-3396] 9a. FACILITY NAME (If not institution, give	1 M 2 - F 8	S5 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. INTHIS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 2 - 8 - 00	6. BIRTHPLACE (State or Foreign Country) PENNSYLVANTA c. COUNTY OF DEATH				
SAINT TOSCA RESIDENCE OF DECEDENT 108. STATE MARYLAND 106. COUNT			ALLTING KE		BALTO:				
	BALTIMORE		OWN OR LOCATION TOWSON		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER 204 E. JOPPA RD 11. MARITAL STATUS)., APT. 1004		101. ZIP CODE 21204		USA				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1 YES 2 NO Specific	can, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, atc. Specify: WHITE				
15. OECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in MERCHANT	ESS/INDUSTRY RETAIL						
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S A	NAME (First, Middle, Maiden Sun	name)				
JOSEPH BERGER		105 MANUAC AT	DRESS (Street and Number or Rura	MINNTE (INK					
VIOLA V. ECK					SON MD 21204				
20a, METHOD OF DISPOSITION		0b. PLACE AND DATE O	F DISPOSITION (Name		TION — City or Town, State				
4 Donation 6 Other (Specify)		BETH TELLO		BAI	TTMORE, MD				
Mm L	7			NSON & BROS,	INC.				
23. PART i. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	. List Dnly one ceuse on	eech line.	enter the mode of dying, su	ich ea cerdiec or respirat	interval Between Onset and Death				
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury CAUSE (Disease or In								
PART II. Other eignificant condition	KENto 1			Part I. 24a. WAS AN AU PERFORME 1 YES 2	O? AMAILABLE PRIOR YO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	EXAMINER? HOSPITAL: OTHER:								
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	7 26b, TIME (OF 28c, INJURY AT		8 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCUREO				
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
000)	and the second second second second		at the time, data and place, and d		or as stated.				
296. SIGNATURE AND TITLE OF CERTIFI	Welling	. MD	29c, LICENSE N	S 77	9d. DATE SIGNEO (Month, Day, Year) > 10-29-91				
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF E EBELING	DEATH (ITEM 27) (Type, P	1401 OSLER	DR. BA	210. Mg 21204				



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il or attending physician.	for use as the burial-transit permit. Pages 1, 2, 3 should		
ed within 24 hours after death. Page 6 may be retained by the hospita	I completely filled in by the funeral director, page 5 should be detached for use	don, or removal.	Injury, or other traumatic event, the medical examiner must be notified at once.
the death certificate be executed within	ar trees sometimes the attending physician and completely	In the still and Mental Hygiene prior to burial, cremat	as shows any injury, or other traumatic event, i
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The	TO THE FUNERAL DIRECTOR: After this certificate has	be filed withlin 72 hours after death with the State L	IMPORTANT: If item 28 is marked, or item

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.		, es	
	1. DECEDENT'S NAME (First, Middle, Last)	BRO	CKME	N		2. DATE OF MONTH	DAY	Q) YE	3. TIME OF DEATH	
			yrs. last birthday) IF	UNDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D.	BIRTH	1 8.8	IRTHPLACE (State or Foreign ountry) MISSOURI	
H.	90. FACILITY NAME (If not institution, give stre	Geriatric C		2.11	R LOCATION OF DE	-		COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Oct 1 W Frie C		WN OR LOCAT	more				10d. INSIDE CITY	
	CM		Bal.	timor					LIMITS?	
FUNERAL	100. STREET AND NUMBER 391	5 CLARKS LA.		10f	7/ 7/5	-	10:	g. CITIZEN	U.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexice 2 NO Specifi	n, Puerlo Rice			14. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) Cotlege (1-4 or 5+)	18e. DECEDENT'S USL (Give kind of work life. Do NOT use re SALE)	IAL OCCUPATION done during molified.) SLADY	DN st of working	18b. KI	ND OF BUSINES	LOTH	RY	
ш	17. FATHER'S NAME (First, Middle, Lest) ABRAHAM BROCKMAN		May 1	15		ME (First, Middle, Melden Surneme) DPHIE SHAFRAN				
TO B	19e. INFORMANT'S NAME (Type/Print) MRS. LILLIAN KUSHI	NER			E. APT.					
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donetion 8 Other (Specify)	rel from State of ce	PLACE AND DATE OF emetary, crematory or C SHAAREI Z	ther place)	(Name 10/30/	DATE 91	100	ON — CITY EDALF	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE LEW	N.	S	DADDRESS OF FA DL LEVING REISTER	SON &	BROS,.	INC.		
NC	23. PART . Enter the diseases, or control to the condition resulting in death) Sequentially list conditions.	POSSIBLE DUE TO (OR AS A C	CONSEQUENCE OF):	TE M	CARALO	Jaia	- 125	-pr	Interval Between Onset and Desth	
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):				151	143 2	22	
CAL	PART II. Other significant conditions	contributing to death bu	it not resulting in t	he underlyln	g ceuse given in		PERFORMED	25	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: MEDI		0		- 10		_			1 _ YES 2 _ NO	
PHYSICIAN:		HOSPITAL:		THER:	LACE OF DEATH (C)					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	28b. TIME O	F 28c, JN.	NO 5 Residence		Specify)	RY OCCUR	EO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	YES 2 NO		-			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, farm, streety)	ot, factory, offic	•		ION (Street and I Town, State)	Number or I	Rural Route Number,	
COMPLETED	(Chican Chin)	EIAN: To the best of my knowled: On the basis of examination							ouse(e) and menner se stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	S	TAFF	Q.	29c. LIGENSE NU		29	d. DATE SI	GNED (Month, Day, Year)	
10	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Typs, Pri	CT)	0:	3092			0-28-91	
	2434 6	138 C	BRICH	· Au	8:3	ALT	mon	(8,	2124	
	31. DATE EILED (Morett, Day, Year)	32. AEGISTRAR'S SIGNA	dell						* * Y	



FOR STATE REGISTRAR

MARYLAND

DIRECTOR

4. SOCIAL SECURITY NUMBER

218-26-7512

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

70 F Painters Mill Road

199

31. DATE FILED (Month, Day, Year) 001 3 1 199

10b. COUNTY

1. DECEDENT'S NAME (First, Middle, Last)

	24	-
S, P.O. BOX 68760,	death certificate be executed within	add and an absorbation and assessing
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING FYYSICIAN: The law infumes that in death certificate be executed within 24	THE CHAISTAN DIDECTOR, Shore this conditioned by

use as the bunal-transit permit. Pages 1, 2, 3 should FUNERAL 10f. ZIP CODE 21209 11. MARITAL STATE RD. ADT 403 (THE TOWAYS)

11. MARITAL STATUS

12. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO If yes 1 Yes, give war or dates 1 | after death, Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yee, specify Cuban, Maxican, Puarto Rican, etc.) 1 PES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) 12 PROPRIETOR TIFFANY DRY CLEANERS 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at **ESTHER** BAKER SHERR 19s. INFORMANT'S NAME (TOP Prior) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 MRS. BARBARA BAKER 3041 FALLSTAFF RD., APT. 403 BALTIMORE, MD 21209 page pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 10/30/91 BALTIMORE, MD must 1 Donation 5 Other (Socity) funeral director, ARLINGTON (CHIZUK AMUNO) examiner 21. SIGNATURE OF FUNERAL SERVICE LAC 22. NAME AND ADDRESS OF FACILITY BROS., INC. filled in by the fu on, or removal. 6010 REISTERSTOWN RD. BALTO., MD medical 23 PART I. Enter the diaecces, or complicatione that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory erraet, shock, or heart failure. Liet only one ceuse on each line. 6 IMMEDIATE CAUSE (Final npietely filler cremation, other traumatic event, the disease or condition resulting in death) MOCO DUE TO (OR AS A CONSEQUENCE OF) attending physician and com-ental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Mjury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? shows any 1 | YES 2 | NO Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 TYES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA the 0 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked. 28b. TIME OF 28c. INJURY AT WORK? WITH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M BY 1 YES 2 NO death Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28 is COMPLETED 8 Could not be hours after 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. be filed within 72 h MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER **BE** 8029 2 ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ha Davidson-Randall

DAVID

BAKER

6. AGE (In yrs. last birthday)

61

IRWIN

5. SEX

BALTIMORE COUNTY GENERAL HOSPITAL

1 💢 M 2 🗌 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWH OR LOCATION

Owings Mills, Maryland 21117

DAYS

BALTIMORE

MONTHS

YRS

IF UNDER 24 HRS.

RANDALLSTOWN

9b. CITY, TOWN OR LOCATION OF DEATH

91 29492

YEAR 1991

9c. COUNTY OF DEATH

USA

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

MARYLAND

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

1 TYES 2 NO

21215

9:30 A. M

2. DATE OF DEATH

OCT.

7. DATE OF BIRTH

28

1930

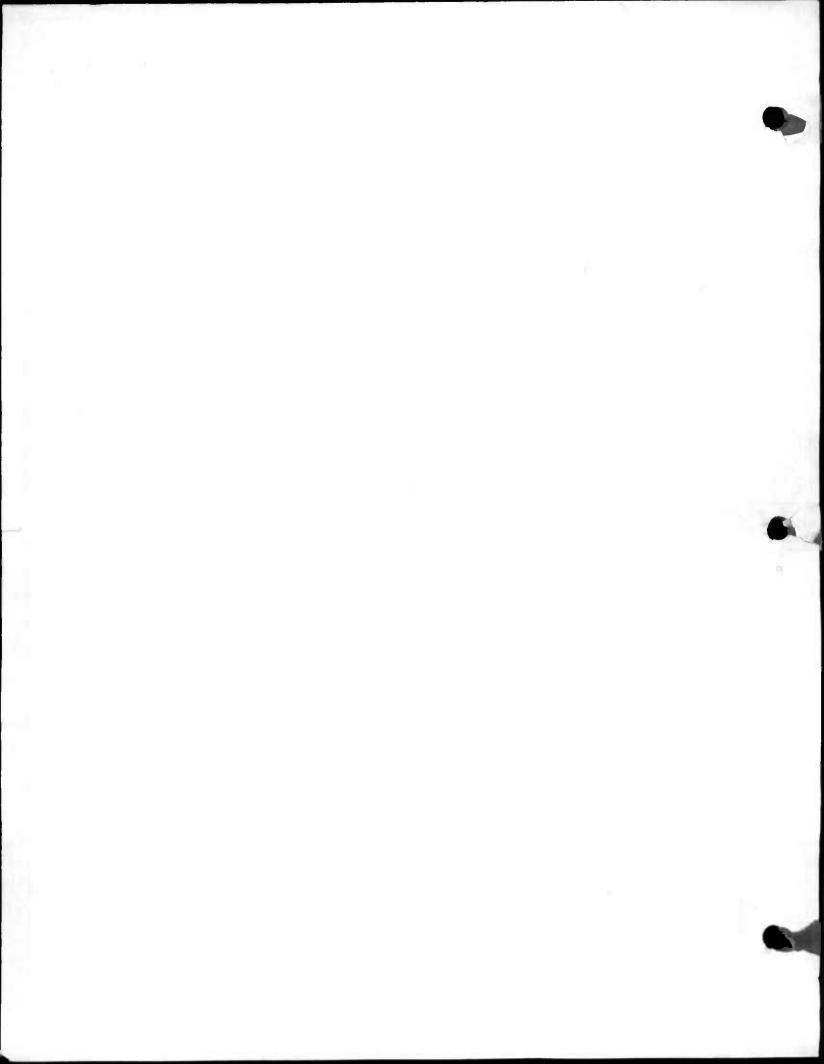
Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 281. LOCATION (Street and Number or Rural Routa Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 10/28 OHMH-16 Rev 1/89 0 = 0 = 0

satic event, the medical examiner must be notified at once.

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dearn TO THE FUNERAL DIRECTOR. After this certificate has been signed by the time of filed within 72 hours after death with the State Dept. of Health and Martin IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury or

FOR STATE REGISTRAR	STATE OF	MARYLAND / DE	PARTMENT OF HEALTH AI	ND MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Linst)	Ella	M.	Carpenter	2. DATE OF DEATH DAY
COCIAL CECURITY MUMBER	0.000			10 23

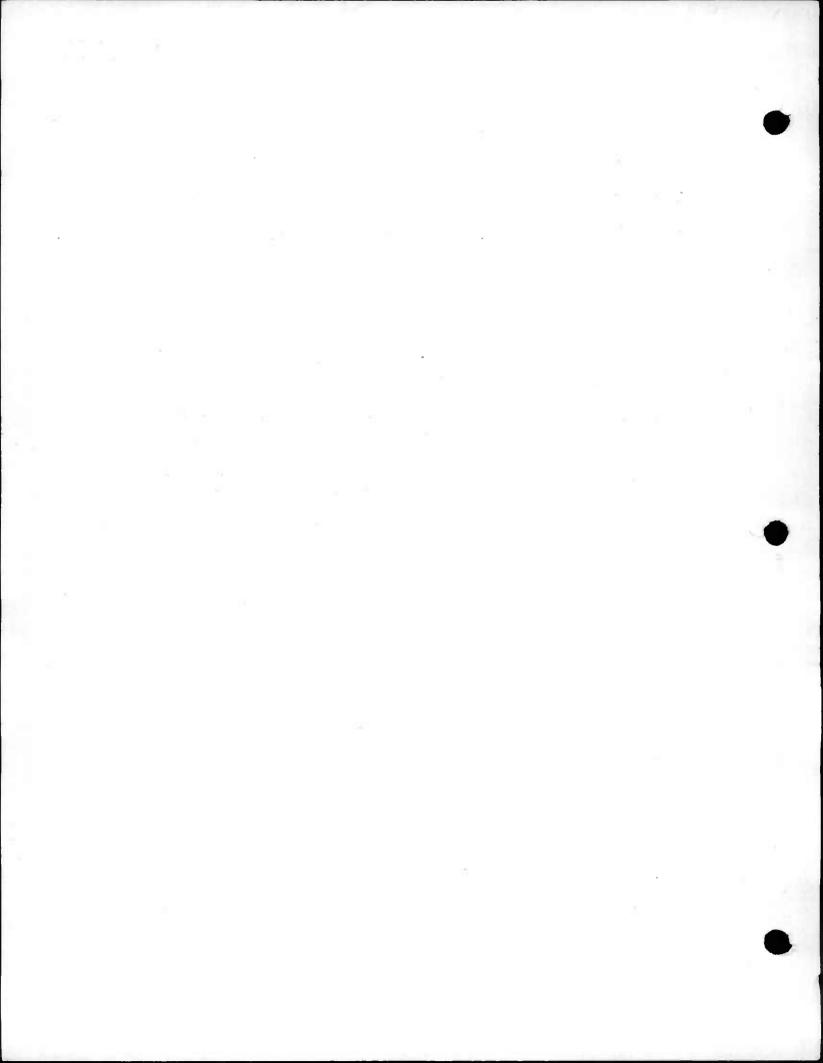
ETTA M. Carpenter 2 DATE OF DEATH OF THE ST		REGISTRAR		CI	ERTIF	ICATE	OF D	DEAT	Ή	REG. NO)		
SOCIAL SECURITY NUMBERS 2.3 SEX 2.4 AGE (for yet, but brinking) 3. MORTH STREET SEARCH SHOPPING SECURITY CONTROL OR SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING SECURITY SHOWS AND SHOPPING S		1. DECEDENT'S NAME (First, Middle, Last)					0			2. DATE OF DEATH			. TIME OF DEATH
21.3—7.4—5.970 1 M 2 N S N N C N C C N C C C		4 COCIAL CECUIDITY MUMPER								10 2	5 1	991	
BE TRICHTY NAME (in or instituto, give intered and number) 2.3.4 Edition for Control or plants 3.6 COUNTY OF DEATH 3.6 COUNTY OF DEATH 3.6 COUNTY OF DEATH 3.6 COUNTY OF DEATH 3.6 COUNTY OF DEATH 3.7 STREET AND NUMBER 2.9.3 Edition (S.O.) 3.9. STREET AND NUMBER 2.9.3 Edition (S.O.) 3.9. STREET AND NUMBER 2.9.3 Edition (S.O.) 3.9. STREET AND NUMBER 2.9.3 Edition (S.O.) 3.9. STREET AND NUMBER 2.9.3 Edition (S.O.) 3.9. STREET AND NUMBER 2.9.3 Edition (S.O.) 3.9. STREET AND NUMBER 2.9. STREET AND NUMBER 3.9. STRE										7. DATE OF BIRTH (Month, Day, Year)	, ,	8. BIRTHP Country)	_
Part Part		9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE		_	ATV OF DE	
100 STREET AND NUMBER 100 10	OR		n Avenue								Jul. 000	TIT OF DEA	NIN .
The street and number 100. Effect and number 100. Effect and number 100. Effect and number 100. Effect and number 100. Effects 100. Effets 100. Effects 100. Effects 100. Effects 100. Effects 100. Effects 100. Effets	ECT		γ		10c CIT	Y TOWN OF	LOCATIO	M					
100 STREET AND NUMBER 100 10	PIG	Md										- 1	LIMITS?
Second S		- Committee of the contract			Journ	711107	7	IP CODE			10g. CITI		A
Second S	NER											П	SA
S. DECEDENT'S BULLATION Sheet grades completed Sheet December Shee	ВУ	1 Never Merried 2 Merried	FORCES? 1	YES 2 N	MED 10	11	yes, specif	ly Cuben	. Maxice	n. Puerto Ricen etc.)	e or No—	Black,	- American Indian, White, atc.
SGILLET PICKTIFILEY SUSAN AISTON 198. MAILING ADDRESS (Street and Aumbor or Rural Route Immore, City or Sown, State, Zip Code) 209. METHOD OF DISPOSITION 1) Burlet 2 Cremation 3 Removal from State 209. PLACE AND DATE OF DISPOSITION (Name of 2 200. LOCATION — City or Town, State 210. DOLACE AND DATE OF DISPOSITION (Name of 2 200. LOCATION — City or Town, State 221. NAME AND ADDRESS (Street and Aumbor or Rural Route Immore). Md 212299 222. NAME AND ADDRESS (Street and Aumbor or Rural Route Immore). Md 212299 223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Beautiful State of 1 10319 Laurel. Md 223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Beautiful State of 1 10319 Laurel. Md 224. PART II. Cause (Fine) 10319	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DE	CEDENT'S	USUAL OC	CUPATION	of secondalis		16b. KIND OF BU	ISINESS/IND		
SGILLET PICKTIFILEY SUSAN AISTON 198. MAILING ADDRESS (Street and Aumbor or Rural Route Immore, City or Sown, State, Zip Code) 209. METHOD OF DISPOSITION 1) Burlet 2 Cremation 3 Removal from State 209. PLACE AND DATE OF DISPOSITION (Name of 2 200. LOCATION — City or Town, State 210. DOLACE AND DATE OF DISPOSITION (Name of 2 200. LOCATION — City or Town, State 221. NAME AND ADDRESS (Street and Aumbor or Rural Route Immore). Md 212299 222. NAME AND ADDRESS (Street and Aumbor or Rural Route Immore). Md 212299 223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Beautiful State of 1 10319 Laurel. Md 223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Beautiful State of 1 10319 Laurel. Md 224. PART II. Cause (Fine) 10319	E			life.	Do NOT us	retired.)	inng most o	v working	7				
SGILLET PICKTIFILEY SUSAN AISTON 198. MAILING ADDRESS (Street and Aumbor or Rural Route Immore, City or Sown, State, Zip Code) 209. METHOD OF DISPOSITION 1) Burlet 2 Cremation 3 Removal from State 209. PLACE AND DATE OF DISPOSITION (Name of 2 200. LOCATION — City or Town, State 210. DOLACE AND DATE OF DISPOSITION (Name of 2 200. LOCATION — City or Town, State 221. NAME AND ADDRESS (Street and Aumbor or Rural Route Immore). Md 212299 222. NAME AND ADDRESS (Street and Aumbor or Rural Route Immore). Md 212299 223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Beautiful State of 1 10319 Laurel. Md 223. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Beautiful State of 1 10319 Laurel. Md 224. PART II. Cause (Fine) 10319	OMP	17. FATHER'S NAME /First Middle Legs											
198. MALING ADDRESS (Sines and Number or Plantil Route Number. City or Town. State, Zip Code) 198. MALING ADDRESS (Sines and Number or Plantil Route Number. City or Town. State, Zip Code) 209. METHOD OF DISPOSITION 1		Samuel McKinney						Su	isan <i>i</i>	Alston			
209. METHOD OF DISPOSITION 1 Surfal 2 Oremation 3 Ramoval from State 209. PLACE AND DATE OF Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Warning Properties 22. NAME AND ADDRESS OF FACILITY												Code)	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West									timo				
21. SIGNATURE OF FURRAL SERVICE UCENSEE WAS CASE REFERRED TO MEDICAL EXAMPRED TO MEDICAL EXAMPRED TO EATH 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, interval Be onset and disease or condition a. Due to (or as a consequence of): Due to (or a		1 N Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery cres	Nat N	mer plecel	1 Parl	k					, State
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reepiratory arrest, interval Be abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING Cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given i						22. N	AME AND	ADDRES		HLITY	ALCT 1	u	
Approxima shock, or heart feliure. List only one cause of week line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSE		- Kurn Mar	garet 7	toger		l M	larch	F/I	1 We	st h. Augus			
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PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PRAMILABLE PRIOR TO COMPLETION OF CV OF DEATH 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26e. DATE OF INJURY Month, Day, Yeer) 26e. DATE OF INJURY Month, Day, Yeer) 27. MANNER OF DEATH 28e. DATE OF INJURY Month, Day, Yeer) 28d. DESCRIBE HOW INJURY OCCURED	SERTHERATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEC	WENCE OF	¬).							
M 1 YES 2 NO	MEDICAL			eath but not re	eeulting I	n the und	eriying co	ouse gi	ven in F	PERFO	MED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
M 1 YES 2 NO	CIA	EXAMINER?	HOSPITAL			OTHER	26. PLACE	OF DE	ATH (Chec	ck only one)			
M 1 YES 2 NO	14S		1 Inpatient 2 I E			4 🗌 Nursin		-	dence 8				
		1 Natural 5 Pending			28b, TIME	JRY	WORK?		NO	28d. DEŞCRIBE HOW I	NJURY OCC	JRED	
		3 Suicide 8 Could not be	28e. PLACE OF I building, at-	INJURY — At hon c. (Specify)	ne, farm, s	treat, fector	y, office			281. LOCATION (Street City or Town, State)	and Number o	or Rural Rout	e Number,
3 Suicide 8 Could not be datermined 256. PLACE OF INJURY — At home, farm, strast, fectory, office 267. LOCATION (Street and Number or Rural Route Number. City or Town. State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the ceuse(e) end menner as stated.	OMPLE	(Check only CERTIFYING PHYSI	CIAN: To the beat of m	y knowledge, dea mination end/or in	th occurre	d at the tim	e, date end	place, e	and due to	o the ceuse(e) end mai	nner en atate	d. couse(e) er	nd menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		29b. SIGNATURE AND TITLE OF CERTIFIER	m				29	c. LICEN	SE NUMI	BER	29d. DATE	SIGNED (M	onth, Day, Yeer)
0 2 mil 13. 1/00 m. lul 1)198/1 10-28-91		20 NAME AND ADDRESS OF DEPOSIT WAY	1160a	11	mel	>	1	19	8	7/	110	3-2	8-91
David Moscman, MD. Arbatus, Moh. 21227		David Mos	Chah,	4D	27) (Type,	har.	tus	7	Ma	0 7177	7		
Paviarioseman, sid strontus mes 71217		31. DATE FILED (Month, Day, Year)							C Park	1 (_/ /_ /			



(')
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

HYSICIAN: The law requires that the death cartificate be executed within a ster death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should beath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	In march the march property and march has madely and march
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and he filed within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to but	section of the sectio

1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIEN REG. NO				
	, izabeth V.Ca	ро		oct.30,	1991 YEA	3. TIME OF DEATH 4:50 A		
4. SOCIAL SECURITY NUMBER 215-28-5215 90. FACILITY NAME (If not institution, give	1 □ M 2 □ F 60	1 M 2 F 60 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 9/26/1931 Ma.						
Meridian Nurs	ing Home	Se	verna Park,	A.A.Co.M	d. A.	A.Co.		
	.A.Co.Md.		www.on.location asadena,Md.			19d. INSIDE CITY LIMITS? 1 YES 2XXNO		
100. STREET AND NUMBER	North Ave,		101. ZIP CODE 21122		USA	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 27FNO Specify	en, Puerto Ricen, etc.)	o or No- 14. R	ACE — American Indian, leck, White, atc. pecify: White		
15. DECEDENT'S ED (Specify any highest grave Elementary/Secondary (0-12) 6th.Grade 17. FATHER'S NAME (First, Middle, Last)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USUI (Give kind of work of Me. Do NOT use reti HOMEMS	lone during most of working ed.)		siness/inoustra	Y		
Frederick	A	1t		AME (First, Middle, Maider Alice		Thiess		
190. INFORMANT'S NAME (Type/Prim) Mr.Richard J.(Cano		RESS (Street end Number or Rural North Ave, P					
20e. METHOD OF DISPOSITION 11/2 Burlel 2 Cremetion 3 Re 4 Donetton 5 Other (Specify)	movel from State	PLACE OF DISPOSITION	(Name of cometery, crematory or	20c. LC	CO.M	r Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21								
23. PART I. Enter the diseases, or	Saurage		McCully Fun			E.Fort Ave		
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	se or condition							
Sequentielly ilst conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	If any, leading to immediate cause. Enter UNDERLYING							
that initiated events resulting in death) LAST	nts DUE TO (OR AS A CONSEQUENCE OF):							
	PART ii. Other significant conditions contributing to death but not resulting in the underlying co				RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
				1 □ YES	2	OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	28. PLACE OF OEATH (C	heck anly one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 () MO 27. MANNED OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)		Pursing Home 5 - Reeldence 28c. INJURY AT WORK?	6 Cher (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	D		
3 Suicide 6 Could not b	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route No. City or Fours. State)							
ental .	YSICIAN: To the best of my knowle					se(e) end manner se stated.		
29b. SIGNATURE AND TITLE OF CERTIF	Attendance	MI	29c. LICENSE NL	776	D lood	NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON OF			TAPS CO AV.	socime	one m	D 21225		
OCT 3 1 199	Julia Davidson							



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坣	ሦ	B	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the marked examines much be positived at account.
IU THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Teurs after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for new	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy	May	CRA			2. DATE OF DEATH OCTOber 2	9, 19 91 "	3. TIME OF DEATH 8:30 P	
	4. SOCIAL SECURITY NUMBER 233-52-3349 90. FACILITY NAME (If not institution, give	1 - M 2 -XF	6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 11-28-191	3 & BIRTI	st Virginia	
DIRECTOR	Franklin Square	Hospital		Baltim	Ore	EATH	Baltimo		
	Ohio P 100. STREET AND NUMBER	rickaway	10c. CIT	Y, TOWN OR LOCAT	cleville			10d. INSIDE CITY LIMITS? 1 YES 2 YONO	
FUNERAL	300 Walnut Creek					3113		u.s.A.	
BY	1 Never Married XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	R IN U.S. ARMED ES EN NO R DATES	Il yee, sp	ENDENT OF HISPAI scify Cuben, Mexice 2 XX10 Specif	NIC ORIGIN? (Specify Yee in, Puerto Rican, atc.)	or No — 14. RACI Blac Speci	E — American Indian, k, White, etc. Hy: White	
BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Continue completed) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of life. Do NOT un Home M	work done during mo- se retired.)					
E COM	17. FATHER'S NAME (First, Middle, Lest) Forrest Swisher	N/A	nome m	aker	18. MOTHER'S NA	ME (First, Middle, Meiden uise Jamis	Surneme)		
TO BE	Fred L. Craig 196. MAILING ADDRESS (Street and Number or Pairel 300 Walnut Creek Pil.					Route Number, City or Town	. State Zin Code)	o 43113	
	204_METHOD OF DISPOSITION 1 (ABurtal 2 Cremetion 3 Hem 4 Donation 5 Other (Specify)	Over from State	Ob. PLACE AND DATE OF THE PROPERTY OF THE PROP	of disposition (Na	11-2-19	97 DATE 20c. LOC	CATION — City or To	own, State	
	21. SIGNATURE OF PUMERAL SERVICE LIC	20		Duda-K 1922	uck fund wise Au	Stal Home o enue Dun	6 Dundal dalk MD	k Inc. 21222	
CERTIFICATION	23. PART I. Entar the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onaet and Death Right Lung Infiltrate unknown etiology Due To (or as a consequence or): Chronic Obstructive Pulmonary disease Due To (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events) Due To (or as a consequence or): Severe Malnutrition unknown etiology Due To (or as a consequence or):							intarval Between	
PHYSICIAN: MEDICAL CERI	PART II. Other algnificant condition	d. a contributing to death	but not resulting i	n tha underlying	cause given in	Part I. 24e. WAS AN A PERFORI	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	stpatient 3 DOA	OTHER:	S Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJI	OF 28c. INJU URY WOF M 1 V	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJUI building, etc. (Sp	RY — At home, lerm, s lecify)	treet, lectory, office		261. LOCATION (Street en City or Town, Stete)	d Number or Rural R	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my kno	wiedge, death occurre ion end/or investigation	d at the time, date on, in my opinion, de	ath occured at the	to the cause(e) end menn lime, date end place, end	er en stated. due to the ceuse(e)	end manner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Tan mm			29c. LICENSE NUM N/A	BER	29d. DATE SIGNED	(Month, Day, Year) 29/91	
	Ramzi Nassar, M.	D. 9000 Fr	anklin Sq	uare Dri	ve Balt	imore, MD	21237		
	31. DAT UCT 3 1 1991	Julia Davidson	Marture - Mandell						

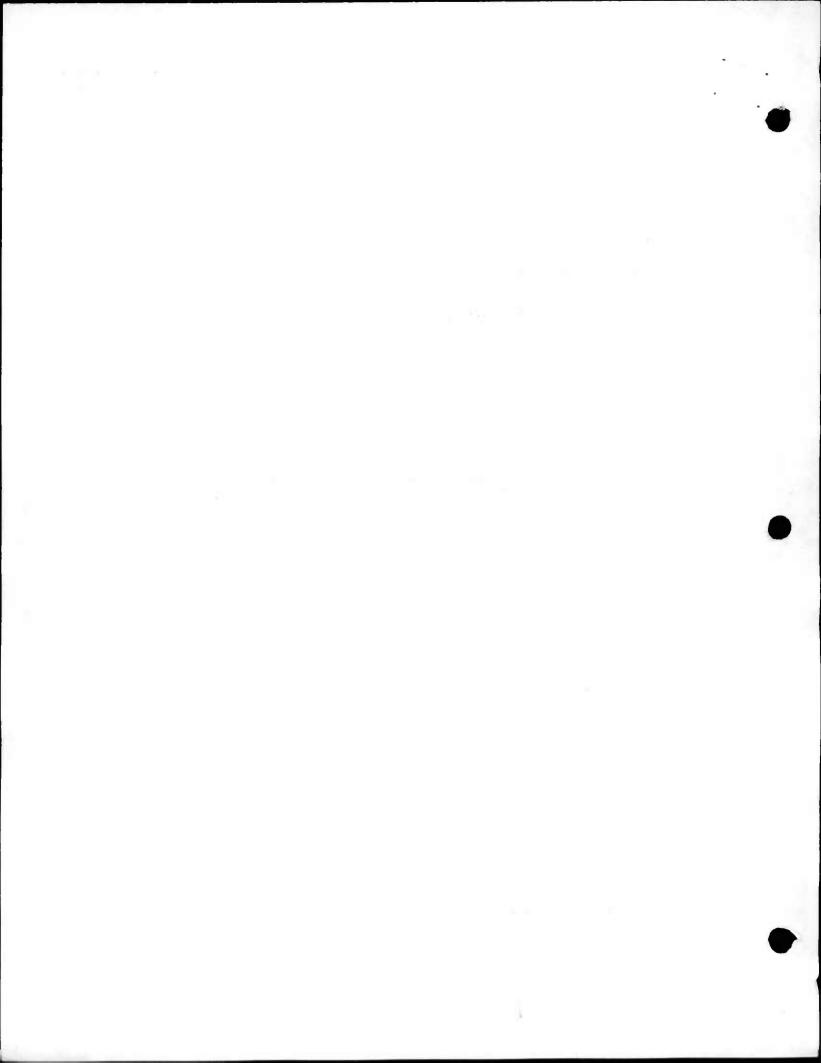


BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is not completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mernial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF N	IARYLAND	/ DEPAI	RTME	NT OF I	HEALTH DEA	I AND	MENT	AL HYGIEN		2	9496
	1. DECEDENT'S NAME (First, Middle, Last)									E OF OEATN			3. TIME OF DEATN
		FRANCIS	RANCIS CARPENSKI						MON 1	O 3	30	91	3.:35 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthdey)		ER 1 YEAR		R 24 HRS.	7. DAT	E OF BIRTH		6. BIRTH	IPLACE (State or Foreign
	214-44-9202	1 ()X(M 2 □ F	45	YRS.	MONTHS	DAYS	HOURS	MIN.		25-46		MAF	RYLAND
OC.	9e. FACILITY NAME (If not institution, give s				9b. CI	TY, TOWN			EATN		9c. COUN	TY OF D	EATN
5	NORTH ARUNDEL H	OSPITAL A	SSOCIA	TION		GLEN	BUR	RNIE				A.A	. COUNTY
DIRECTOR	10a. STATE 10b. COUNTY			10c. C/1	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
۵	MARYLAND ANNE	ARUNDEL		GI	LEN	BURN	ΙE						LIMITS?
FUNERAL	10e. STREET AND NUMBER						. ZIP COD	E	-		10g. CITIZ	EN OF V	VHAT COUNTRY?
NE I	162 H. HAMMERLEE						210	60			U.S	.A.	
FU	11. MARITAL STATUS 1 Never Merried 2 X Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13	I Ves. so	ENDENT (OF HISPAI	NIC ORIGI	IN? (Specify Yes	or No-	14. RACE	— American Indien,
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	-		1 YES	2 X NO	Specif	y:	ricer, acc.j		Speci	fy:
	15. DECEDENT'S EDUC	VIET		DECEDENT'S	USUAL	OCCUPATION	DN .		1 40	L VIND OF BU			WHITE
Ē	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of life. Do NOT u	work don	e durina ma	st of worki	ing	10	b. KIND OF BU	SINESS/INDU	ISTRY	
를	12	2		STAFF	SAR	GENT			A	RMY TR	ANSPO	RTAT	TON
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-			18. MOT	NER'S NA		Middle, Malden			
BE	ANDREW J. CARPENS	KI					MAI	RY A	NN K	EVANDO	WSKI		
2	19e. INFORMANT'S NAME (Type/Print)									nber, City or Tow			
	INGE (NMN) CARP	ENSKI						RD.	GLE	N BURN	IE, M	D 21	.060
	20e. METNOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Remo	val from State	cemetery, o	E AND DATE	ther place	a)			OA"	TE 20c. LO	CATION — C	Ity or To	wn, State
	4 Donation 5 Other (Specify)	FNSFF	ARLI	NGTON						FT	MYER,	VI	RGINIA
	• 1 1		7		22	SINO				AL HOM	Ε		
	15	juber				1 SI	ECONI	O AVI	E. S	.W. GL	EN BUI	RNIE	, MD 21061
	23. PARK I. Phter the diseasea, or c shock, or heart failure. I	omplications that list only one caus	caused the	death. Do r	not ente	r the mo	de of dy	ing, auci	h aa car	diac or reapl	ratory arre	at,	Approximate
	IMMEDIATE CAUCE (Final							Onset and Death					
	reaulting in death)	ana	co gu	Mu	ne	n	1 1	722	es/				
_		Henri	OR AS A CONS	EQUENCE OF	0	/	Park	0.0	1				
CERTIFICATION	Sequentially list conditions,	DIVE TO (OR AS A CONS	EQUENCE OF	n.	- (=	me no	20	-)	1			
₹ I	if any, leading to immediate cause. Enter UNDERLYING	aul	m/s	2 /	1	PNI							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	ECOENCE OF	F):								-
E	resulting in death) LAST	He col	idus	u									1
	PART it. Other algorificant conditions	contribution to a	leath but not										
PHYSICIAN: MEDICAL	Diabetos m	ions contributing to death but not resulting in the				e underlying cause given in Part			Part I.	24e. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Ch. A. Pith	a con ou							_	1 TES 2	KNO		COMPLETION OF CAUSE DF DEATH?
≥	- Christianic												1 TES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	FATN (Che	ock only o	201			
SIC		HOSPITAL:	ER/Outpatient	3 DOA	OTHE								
동	27. MANNER OF DEATN	28e. DATE OF II (Month, Day	YJURY	28b. TIMI	E OF	28c. INJU	JRY AT	alderice		SCRIBE NOW IN	JURY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation	(Monal, De)	, roar)	INJ	M	1 U Y] NO					
	3 Suicida S Could not be	28e. PLACE OF building, at	INJURY At I	nome, ferm, s	treel, fac	tory, office			28I. LOC	ATION (Street a	nd Number or	Rural Ro	oute Number,
3 Suicida S Could not be determined 29s. PLACE OF INJURY — At home, ferm, streel, factory, office 29s. LOCATION (Street and Number or Rural Route Number of Rural Route Number o													
7	29a. CERTIFIER (Check only Ch												
Š	one) 2 MEOICAL EXAMINER	On the basis of exe	mination and/o	r Investigation	n, In my	opinion, de	eth occur	ed at the t	lime, data	end place, end	due to the	ceuse(e)	end menner ee stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	, ,	110					NSE NUM		Т			Month, Day, Yeer)
2	Monhake	ady	~()				D:	305	68		1/1	2.5	30.91
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (IT	EM 27) (Type,	Print)								- 1
	SHOBHA D. REDDY,	M.D.//8	45 OAK	MOOD F	RD.	#204,	/GLE	BUI	RNIE	, MD.	21061		
H	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE										

Saidson-Handell

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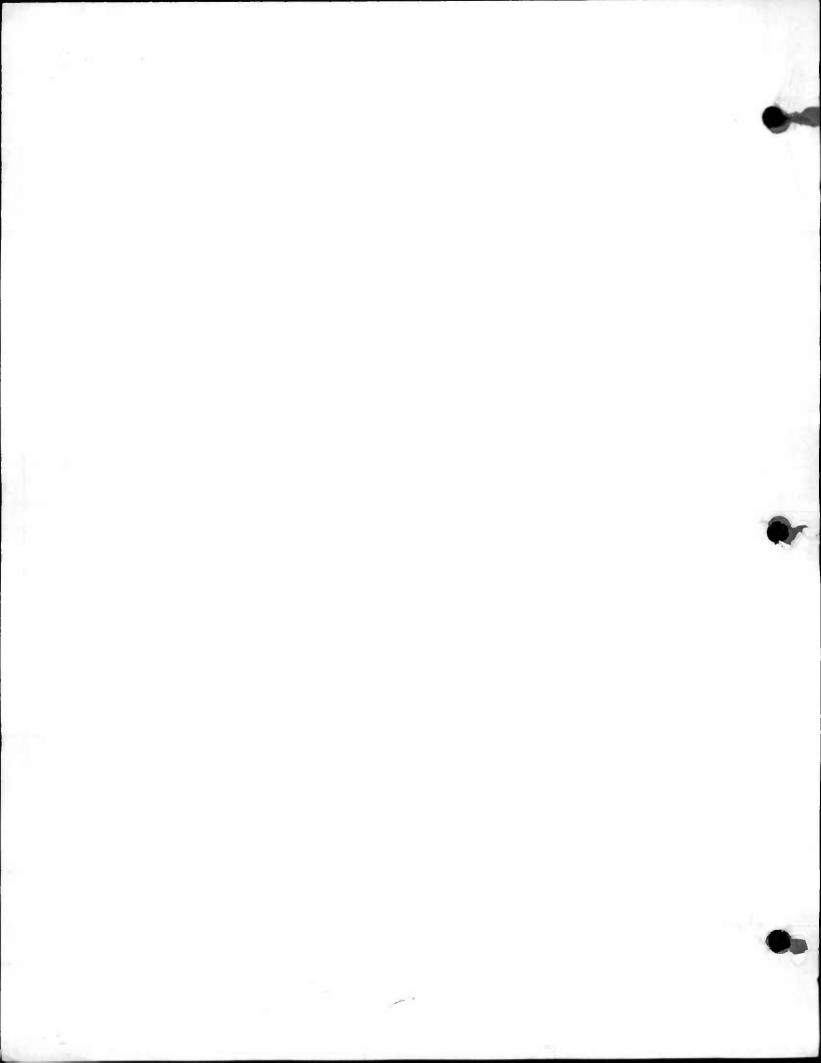
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	IT: If item 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND		IENE . NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Cisenf.	eld(DORG		SENFELD)	2. DATE OF DEA MONTH	TH DAY	YEAR 3.	TIME OF DEATH 8 40 Am
	4. SOCIAL SECURITY NUMBER 217-80-569/	1 🗆 M 2 🗡 F	In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day Ye	5/1903	Country)	ACE (State or Foreign YLAND
TOR	9. FACILITY NAME (If not institution, give : Sinai Hospi Lel RESIDENCE OF DECEDENT	-FB-/Ani	4		N OR LOCATION OF	OEATH	9c. COUNT	Y OF DEAT	н
COMPLETED BY FUNERAL DIRECTOR	10e. STATE 10b. COUNT	Y ,	10c. CIT	BALTII					d. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 6807 PARK HEIGHTS	S AVE., APT.	2-C		10f. ZIP CODE 21215			N OF WHA	T COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	It yes,	DECENDENT OF HISP specify Cuben, Mexi /ES 2 NO Spec	cen, Puerto Ricen, et	ty Yee or No — 1.	Black, W	American Indian, Inite, etc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION Completed) College (1-4 or 5+)	life. Do NOT u	work done during	NTION most of working	18b. KIND O	F BUSINESS/INOUS	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last)	HARRIS L	EVY		18. MOTHER'S N	IAME (First, Middle, M ROSE	alden Surneme) HERMAN		
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. SHIRLEY SLOV	SKY	196. MAILING	G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 647 HILMAR RD - BALTIMORE, MD 21207					
d	209. METHOD OF DISPOSITION 1X) Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) BETH TFTT.OH 10/29						c. LOCATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE M	SENSEE SEUR	i		ANO ADDRESS OF F	NSON & BI	ROS., IN	c.	
	IMMEDIATE CAUSE (Finei	complicatione that ceues Liet only one cause on a. Respiration	each line.	not enter the r	node of dying, su	ch as cardiac or	reepiratory arrea	it,	Approximate Interval Between Oneet and Death
CERTIFICATION	Sequentially liet conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST b.								
DICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuee given in Pert I					PE	PERFORMED? 1 YES 2 NO COMPLE OF DEAT		RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
ву РНУ	27. MANNER OF DEATH Stural 5 Pending	Inpatient 2 - ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT WORK? YES 2 NO		OW INJURY OCCUP	RED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, a			281. LOCATION (St City or Town, S	reet end Number or State)	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my know	viedge, death occurre	ed at the time, do	ite end place, end du	e to the ceuse(e) end e time, date end plac	I manner ee stated.	euse(e) and	d menner ee stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	7 0			29c. LICENSE NU				nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OR	EATH (ITEM 27) (Type.	Print)	10	11.			///

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	the sear restricts that the death destructure be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	can include upone by the attending physician and companies that in by the funes director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e medical examiner must be notified at once.	
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Appropries that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR. After this certificate the heart signed by the attention physician and completely filled in by the time he find within 20 hours after death, with the Completely filled in by the time.	is marked, or	

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First Middle, Last) LILLIAN REBECCA	WARD DASHIE		2. DATE OF DEATH MONTH DAX 9	YEAR 3. TIME OF DEATH 9:40 PM			
	4. SOCIAL SECURITY NUMBER 5. SEX 2 6-07-0263A 1 M 9. FACILITY NAME (If not institution, give street end number)	63A 1 M M F 85 YRS. MONTHS DAYS HOURS MIN. February 7,1906 M.						
TOR	Good Samaritan Hos		96. CITY, TOWN OR LOCATION OF D Baltimo		NTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY MDN/A		town on Location		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	1718 East Belvede:		101. ZIP CODE 21239	101. ZIP CODE 10g. CITIZEN OF WHAT CO				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES	EDENT EVER IN U.S. ARMED ? 1 YES 2 NO BIVE WAR OR DATES			14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 6 Years	(Give kind of we life. Do NOT use	SUAL OCCUPATION wh done during most of working retired.) hone Operator	Johns Hopk	cins Hospital			
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Meiden Surname)				
BE	George Ashby Ward 190. INFORMANT'S NAME (Type/Print)		Lillia	an Rose Wilki	nson			
2	Lois May Bacon	1515	Clearwood Ro	Route Number, City or Town, State, Zip Dad Baltimore	e, MD 21234			
	20e. METHOD OF DISPOSITION 1 G-Burlel 2 Cremation 3 Removal from Sta 4 Donation 3 Other (Specify)	te Cametery, crematory or oth Oaklawn C	er place)	DATE 20c. LOCATION - (
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ### ### ###########################		22. NAME AND ADDRESS OF PA	eral Home B				
CERTIFICATION	Seminatially list conditions to S	ME TO (OR AS A CONSEQUENCE OF) TO (OR AS A CONSEQUENCE OF) TO (OR AS A CONSEQUENCE OF)	vest Red hulanathu	h as cardlac or respiratory arm	est, Approximate Interval Between Onset and Opath To My Wells			
MEDICAL	PART II. Other significant conditions contribution	ng to death but not resulting in	the underlying cause given in	Pert I. 24s. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO	240. WERE ALTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSPITA	and the second control of the second control	26. PLACE OF DEATH (CN	ne dente and				
	27. MANNER OF DEATH 28s. DA	E OF INJURY 385. TIME		E ☐ Other (Specify) 284. DESCRIBE HOW INJURY OCC	URED			
BY	2 Accident Investigation		M 1 YES 2 NO	- his - samewall was been	7.0-10			
ETED	3 Suicide 6 Could not be 4 Hamicide defermined	ICE OF INJURY — At home, farm, striding, etc. (Specify)	set, factory, office	28f. LOCATION (Street and Number of City or Xwn, State)	or Purel Route Number			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best	est of my knowledge, death occurred t of examination end/or investigation,	at the time, date and place, end due	to the cause(s) end menner ee state	d.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	MD	29c, UCENSE NUM		SIGNED (Month, Day, Year)			
	31. DATE FILED (Month, Day, Year) 32. REG	STRAR'S SIGNATURE	nk)					

f. C ...

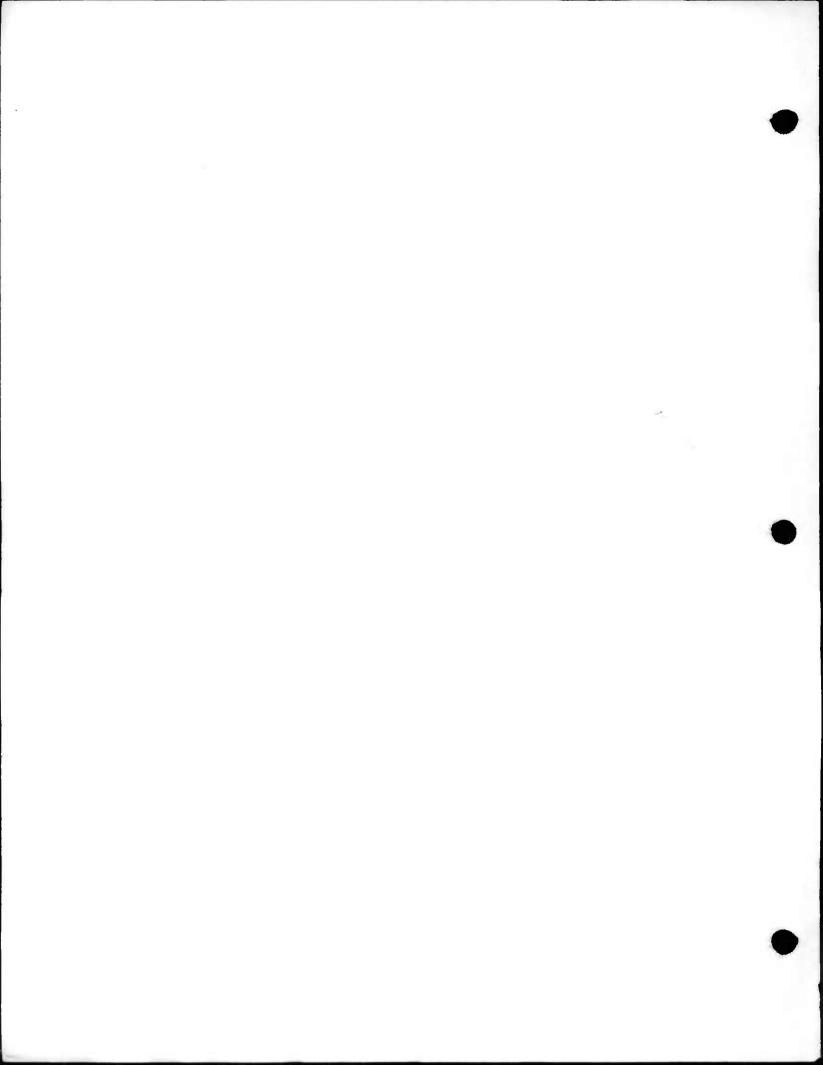
TO THE HOSPITAL OR ATTEND WILL ARE IN requires that the death certificate be executed within 12 Towars after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: For the control of the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after control of the control of the attending physician and dental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked or the 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)	DAVIS	2. DATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	STATE UP I	MAHYLAND)		ICATE					TYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) MORRIS		115				2. DATE OF DEATH MONTH O J 9			9 YEAR	3. TIME OF DEATH			
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 213-03-2927	5. SEX	6. AGE (In yrs. 85	lest birthday) YRS.	IF UNDER 1 Y		IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/14/1906		11	Count	HPLACE (61810 or Foreign ry) RUSSIA	
	99. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL H			9b. (TY, TOWN OR LOCATION OF DI			EATH 9c. COL			UNTY OF DEATH AT. GUNTY.	
	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND			10c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	106. STREET AND NUMBER 7920 SCOTTS LEV		10f. ZIP CODE 21208						10g. CITIZEN OF WHAT COUR USA					
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never 4 Divorced	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE Black 1 YES 21 NO Specify: 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE Black Specifi							E — American Indian, k, White, etc.					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) MAILER					16b. KI	N				
	17. FATHER'S NAME (First, Middle, Last) HARRY DA'			16. MOTHER'S NAME (First, Middle, Melden Surname) ROSE PUSHKIN										
2	190. INFORMANT'S NAME (Type/Print) MR. IRVIN DAVIS 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6503 SANZO RD., APT.E BALTIMORE, MD 21209								21209					
	20s. METHOD OF DISPOSITION 1. C Yurlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) SHAAREI ZION 10/29/91 ROSEDALE, MD													
	21. SIGNATURE OF PUNERAL SERVICE UCINSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215									MD 21215				
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arreat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Approximate interval Between Onset and Desth DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	DEHYDRATION RECENT CORPORATION 10 YES 2 XNO OF THROMBOLS and 11 YES 2 XNO OF THROMBOLS AND 11								b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
BY PRI	27. MANNER OF BEATH 1 Natural 5 Pending 2 Accident Investigation	286. DATE OF INJURY (Month, Day, Year) 286. Til			JURY	E OF URY MORK? M 1 YES 2 NO			28d. DEŞCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be datermined	Dullging, etc. (Specify)									Route Number,			
2000	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.													
4	29b. SIGNATURE AND ATT E OF CERTIFIER				M) 29c. LICENSE NUI 0 154				MBER 29d. DATE S			TE SIGNE	27/9/	
2	30. NAME AND ADDRESS OF PERSON WI	MO .	6210	PER 27 (TYP)	k H	T,	Bre	2,1.	BAG	71	10.	213	215	
	OCT 3 1 1991		AR'S SIGNATUR					1	·					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	OTATE OF IS	- P. 4 4 1 P.			- 23				£		1 6	29500	
	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND I			E			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH											3. TIME OF DEATH		
	LINDA FOX / Linda Dea Fox								MONTH	11:00 P M				
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. in:						7. DATE OF BIRTH			0. BIRTH	IPLACE (State or Foreign	
	215-54-2371	1 🗆 M 2 💢 F	41	41 YRS. MONTHS			DAYS HOURS MIN.		01-25-1		950	Count	ryland	
	9a. FACILITY NAME (If not institution, give			9b. CIT	CITY, TOWN OR LOCATION OF E						COUNTY OF DEATH			
DIRECTOR	THE JOHNS HOP		1	BALTI	MORE		BALTIMORE CITY							
H		1000 0001111						****	10d. INSIDE CITY					
	Maryland		Τ	'imor	nium	1		1 TES 2 NO						
FUNERAL	8 Teaneck Cour					ZIP CODE			WHAT COUNTRY?					
5	11, MARITAL STATUS	EVER IN U.S. AR	RMED	13.	13. WAS DECENDENT OF HISPA			IIC ORIGIN? (S	or No-	- 14. RACE — American Indian, Black, White, atc.				
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	YES 2 1						in, ruerto Rican, etc.)			Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	16a. DE	CEDENT'S	USUAL O	OCCUPATION during mos	N of undin		16b. KIND OF BUSINESS/INDUSTRY						
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	///e	Do NOT US	se retired.)		n or wornin	v						
₽	11 th/GED		Homemaker						Hom	е				
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd		Sumame)			
띪	Cherk Dea								Chir					
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,					
	Duane C. Fox 750 Charing Cross Rd., Balto., MD 21229											D 21229		
	20a. METHOD OF DISPOSITION 1 Burlel 2 IX Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Campillary, cramatory or other place) Metro Crematory, Inc 10-31 Baltimore, MD													
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE													
	George E. MacNabb Cremation Society of Maryland, Inc.											and, Inc.		
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory except													
NOi	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Squmus all caumona of Rium 4 mos													
	Sequentially liet conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Shindle Cold Compression 2 Spiral metashies Wike DUE TO (OR AS A CONSEQUENCE OF):											w/k</td		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	c. SVO	Synd OR AS A CONSEC	EOUENCE OF):						4 mos				
E	reaulting in death) LAST	d.	,											
	DADT II. Other dealthread are the													
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS PERFORMEO? AMILIABLE PRIOR TO													
Š							_		- 1	YES 2	- NO		OF DEATH?	
Σ									_				1 YES 2 NO	
A														
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ick only ona)					
ΥS	1 TYES 2 NO 27. MANNER OF DEATH	1 (2 Inpatient 2 1	3 DOA 4 Nursing Home 5 Rasidence					6 Other (Sp	ectly)					
ву рь	1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		26b. TIME OF		20c. INJURY AT WORK?		NO-	26d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined	28a. PLACE OF building, at	treet, fact	tory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ا لا	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my translades death assured to the life of the latest and the life of the latest and the life of the latest and the life of the latest and the life of the latest and the life of the latest and the life of the latest and the life of the latest and the life of the latest and the life of the latest and the latest													
COMPLETED	CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type,	Print)		ODN	465	9080	144		10/2	50/9/ OKD	
	MANU LN	AR NOTE	- 1	121								,	1 (1)	



12. REGISTRAR'S SIGNATURE
1 1991 Julia Savidson-Randalle

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